

# Dutchess County Dental Society

A Branch of the Ninth District Dental Association

## Application for Membership

This is my application for membership of the Dutchess County Dental Society. I attest that I work and/or live in Dutchess County. I have enclosed a check with is application for \$50.00 made out to the Dutchess County Dental Society. I understand this fee is non-refundable and that it is good for one year from the date of this application. I understand that I must attend at least one General Membership Meeting at the non-member (non-subsidized) meal cost or applicant meal cost but with no charge for the scientific session. Additionally, I will receive the Bulletin. If I do not attend the required meeting and achieve election to membership within a year of the date of this application, I must pay a new application fee and apply again.

Name (First, Middle Initial, Last, DDS/DMD): \_\_\_\_\_

Date: \_\_\_\_\_

Dental School/Year of Graduation: \_\_\_\_\_

Office Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Office Website: \_\_\_\_\_

I am (Owner, Partner, Associate) of: \_\_\_\_\_

Practice Type (General, Practice Limited to): \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

I am a member of the ADA and/or Ninth District Dental Association (Y/N to each): \_\_\_\_\_

I am a member of another NYSDA component society (Y/N, Name): \_\_\_\_\_

NYS License Number: \_\_\_\_\_

ADA Number: \_\_\_\_\_

AGD No: \_\_\_\_\_

Please send Check to: DCDS, P.O. Box 3748, Poughkeepsie, NY 12603