

The Lee County Dental Society welcomes your application for membership. Please be aware that you must be a member of the ADA, FDA, and West Coast District Dental Association to be considered for membership into the Lee County Dental Society.

Please provide the following information and mail this form to LCDS, P.O. Box 7429, Ft. Myers, FL 33911 or fax to 239-936-2662. You are invited to attend the meetings while your application is being considered.

Membership Chairperson: Dr. Jennifer Taschner (239-936-0635)

NAME: _____ DATE: _____

OFFICE ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ FAX: _____ EMAIL: _____
(Office)

HOME ADDRESS: _____ PHONE: _____

PLACE OF BIRTH: _____ DATE: _____

DENTAL SCHOOL: _____

DEGREE (S): _____ DATES: _____

POST GRADUATE TRAINING: _____
Specialty / G.D. Residency, etc.

School/Program	Dates	Degree/Certificate
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FLORIDA LICENSE#: # _____ YR. LICENSED _____

List activity of previous two years (Military, school or other employment):

1. _____
2. _____

List Professional activities since graduation:

1. _____
2. _____

REFERENCES: List two Dentists who will submit a letter of recommendation if requested.

1. _____
2. _____

Applicant Signature