

Florida Academy of Cosmetic Dentistry 2019 Membership Application

325 John Knox Rd, Ste L103 Tallahassee, FL 32303 Toll Free: (866) 608-FACD (3223) Fax: (850) 222-3019

Dues Structure

Dentist and Laboratory Technician Membership Dues... \$1,295.00 (Includes \$100 FACD Speaker Fund – Opt out here ☐ to pay \$1,195.00)

Student Dues... \$385.00

** Application Fee... \$100.00 (one time application fee for new members)

FACD memberships expire on December 31, 2019

Name:	DMD/DDS/CDT/Other (if other, please I	ist):	
State License Number/CDT Number:	(This is used for continuing education	(This is used for continuing education reporting purposes only.)	
Company/Organization:			
Address:			
City:	State: Zip	D:	
Phone:	Fax:	_	
Email: (Email is required for member communication. Your e	Website:email will not be sold or given out by the FACD office.)	
Dental School Attended:	Year Graduated:	Degree:	
Post Graduate Training:	Year Graduated:	Degree:	
Type of Practice (please mark all that apply): General Dentistry Cosmetic Orthodontics Periodontics Other/Laboratory Specialty:		_	
AACD Member Number of Hygienists of Team: Assistants on Team: Other Team Members:			
Membershi	o Dues Payment Information		
☐ Check Enclosed Check Number:	Please make check payable to FACD.		
☐ Charge my: ☐ Visa ☐ M	asterCard	rd	
Card Number: Name on Card:			
Exp. Date: Security Code:	Cardholder Signature:		
Billing Address (if different than above):			

Notice of Reasonable Estimate: In accordance with section 6033(e)(2)(A) of the Internal Revenue Code, as amended, members of the Florida Academy of Cosmetic Dentistry are hereby notified that an estimated 1% of your dues will be allocated to lobbying and political activities and, therefore, is not deductible as a business expense. However, the remaining 99% of your dues payment may be deductible as an ordinary and necessary business expense for federal income tax purposes. Please consult with your tax advisor for more information.