



**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
www.flacosmeticdentistry.org

Dues Structure

SPECIAL Laboratory Technician Membership Dues... \$595.00

(Special rate applies to new FACD Laboratory Technician members only, a one-time application fee for new members)

FACD memberships expire on December 31, 2019

Name: _____ DMD/DDS/CDT/Other (if other, please list): _____

State License Number/CDT Number: _____ (This is used for continuing education reporting purposes only.)

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

(Email is required for member communication. Your email will not be sold or given out by the FACD office.)

Laboratory Specialty: _____

Membership Dues Payment Information

Check Enclosed Check Number: _____ Please make check payable to FACD.

Charge my: Visa MasterCard American Express

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.