

Please return completed PDC Associate Member Application to your PDC Coordinator:

(PDC Coordinator name and contact info)

PROJECT: DENTISTS CARE ASSOCIATE MEMBERS

Thank you for your interest in aligning your organization with the mission of Project: Dentists Care, which is to increase access-to-care in Florida. Please complete the following application for Project: Dentists Care Associate Membership.

Project Dentists Care, Inc. ("PDC") is a non-profit, charitable organization. PDC was formed in 1993 as a volunteer program that provided dental care for economically disadvantaged patients within Palm Beach County. A year later PDC acquired statewide sponsorship from the Florida Dental Association ("FDA"). Its mission is to provide free or reduced-fee dental services to identified underserved populations groups in Florida by developing a network of volunteers working within member or associate organizations. Volunteer dentists offer their services through private and non-profit programs.

PDC members consist of FDA component and affiliate (county/local) dental associations. Member organizations must adhere to the operational requirements adopted by the PDC Board of Directors published in its operations manual. PDC coordinators are appointed by each affiliate dental association to help recruit volunteer dentists and to report data collected on the services provided on a quarterly basis to the Florida Dental Association.

PDC Associate members are non-profit charitable organizations that offer dental services to the needy and disadvantaged. A non-profit organization meeting the criteria may apply to PDC for recognition as an Associate member. Associate members must adhere to operational requirements adopted by the PDC Board of Directors. In turn, PDC recruits volunteer dentists to supply clinics with volunteer personnel to meet the needs of clients. As the PDC network grows, access to care in Florida will improve.

Besides providing dental care to underserved population groups, member and associate organizations provide valuable data on the pro-bono and reduced-fee services they provide. This will assist the Florida Dental Association in presenting a more complete picture of the community service provided by volunteer dentists working in the private and non-profit sectors.

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**PROJECT: DENTISTS CARE
ASSOCIATE MEMBER APPLICATION**

1. Name of facility or organization: _____

2. Physical address: _____

3. Mailing address (if different from #2): _____

4. Fax number: _____
5. Website address: _____
6. Name of contact person: _____
7. Phone number of contact person: _____
8. E-mail address of contact person: _____
9. Is your organization tax-exempt under section 501 (C) of the IRS code? yes no
If not, what is your organization's tax status? _____
10. What are the patient eligibility criteria for your dental facility?
 - a. Age range: _____
 - b. Income requirements: _____
 - c. locations served: _____
11. Are there fees for dental services? If so, what are the fees? (Please list service next to each fee):

12. Additional information: _____

