

# HYGIENE MEMBER APPLICATION

PROFESSIONALS UNITED FOR ORAL HEALTH CARE



## Contact Information

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_

Employer's address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Office phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Is your employing dentist an FDA member?  Yes  No Preferred mailing address:  Home  Office

Preferred fax:  Home  Office Preferred e-mail address:  Home  Office

## Type of Employment

Private practice – General  Private practice – Specialty \_\_\_\_\_

Clinic  Faculty/teaching  Full time  Part time  Not employed

## Background

Educational program \_\_\_\_\_

Degree \_\_\_\_\_ Date of licensure \_\_\_\_\_

Florida License No. \_\_\_\_\_ Years of practice in Florida \_\_\_\_\_

Areas of special interest \_\_\_\_\_

Do you typically attend the Florida National Dental Convention?  Yes  No

What courses or programs would interest you? \_\_\_\_\_

Other professional memberships \_\_\_\_\_

Signature \_\_\_\_\_

I authorize the Florida Dental Association, its affiliated entities and component/affiliate dental associations to contact me via the listed facsimile number and e-mail address.

Please return this form to:  
Florida Dental Association

1111 E. Tennessee St. • Tallahassee, FL 32308-6914

Phone: (800) 877-9922 • (850) 681-3629 • Fax: (850) 201-5013

E-mail: [membership@floridadental.org](mailto:membership@floridadental.org)

Dues amount: \$45

Check enclosed

Credit card payment

Visa  MasterCard

*(only these credit cards are accepted)*

Acct. # \_\_\_\_\_

Name on card \_\_\_\_\_

Expiration date \_\_\_\_\_