

2012 membership renewal / membership application

PLEASE NOTE: ALL MEMBERS (INCLUDING LIFE MEMBERS) MUST COMPLETE THIS FORM. THIS INFORMATION WILL BE USED FOR THE WEB-SITE AND NEXT DIRECTORY PUBLICATION

PLEASE PRINT LEGIBLY E-MAIL A PASSPORT / PORTRAIT TYPE PHOTO TO ExecDirector@rwcds.org

Name _____ (Last) _____ (First) _____ (Middle) Nickname _____

Business Address _____

City _____ Zip _____

Bus Ph _____ Fax _____ Home Ph _____ Cell Ph _____

Work e-mail address _____ Home e-mail address _____

Practice Web Address _____

Home Address _____ City _____ Zip _____

Marital Status: (Please circle) S M Spouse's Name _____

Educ Background _____ (Dental School & Degree) _____ (Specialty Training, M.S. or PhD / Institution)

Type of Practice: (Circle One) General / Ortho / Pedo / Endo / Perio / Oral Surg / Pros / Public Health / Path / Radiol / Orofac Pain

Membership Classifications (Please Check One)

- ___ **A. Active Member** - A person who is licensed to practice dentistry in North Carolina and resides in Wake County or whose professional practice site is in Wake County may be elected to active membership.
- ___ **B. Associate Member** - A person who holds a professional dental degree and is currently practicing may be elected to associate membership.
- ___ **C. Life Member** - A dentist who has reached age 65 and has been a member of the Raleigh-Wake County Dental Society for the previous 5 years and upon application in writing to the Treasurer may become a non-dues-paying member. After 10 years of Active Member status in the society and becoming 62 years of age and retired from active practice, a member may petition the Executive Board for Life Member status. There is no fee for this classification, but contributions and assessment payments are encouraged.
- ___ **D. Disabled Active** - A member in good standing who has incurred or developed a physical condition that renders the person incapable of performing clinical dentistry for an extended period of time or permanently. Application must be made in writing to the Executive Board. There is no fee for this classification.

ACTIVE MEMBERSHIP OR ASSOCIATE MEMBERSHIP (total amount required) \$225.00

A voluntary contribution to the RWCDs Foundation is requested. The Foundation is a 501(c)(3) organization and all donations are tax deductible. Among other dental health related endeavors the foundation is supportive of Wake Tech's DH & DA programs, Poe Center for Health Education, Wake Smiles and Give Kids A Smile). Recommended contribution is \$75. For IRS compliance **a check separate from the dues check is necessary.** Make your donation check payable to the RWCDs Foundation..... **\$75.00**

Dues are due on or before January 1, 2012 and are considered late if not paid by February 1, 2012.
Application and payment must be made by February 15, 2012 in order to be listed in the 2012 directory.

THE GENERAL MEETINGS OF THE SOCIETY ARE HELD ON THE THIRD TUESDAY OF EACH MONTH, JANUARY THROUGH MAY AND SEPTEMBER THROUGH NOVEMBER. MEETINGS ARE HELD AT THE NORTH RIDGE COUNTRY CLUB IN NORTH RALEIGH AT 6611 FALLS OF THE NEUSE ROAD. A SOCIAL BEGINS AT 6:15 pm WITH FOOD SERVICE STARTING AT 6:45 pm. THE BUSINESS MEETING / CONTINUING EDUCATION PROGRAM BEGINS AT 7:00 pm. TYPICALLY, THE CONTINUING EDUCATION PROGRAMS PROVIDE ONE HOUR OF CREDIT.

MAKE YOUR DUES CHECK PAYABLE TO THE RALEIGH-WAKE COUNTY DENTAL SOCIETY AND MAIL TO:

**RALEIGH-WAKE COUNTY DENTAL SOCIETY
2920 BALLYBUNION WAY
RALEIGH, NC 27613-5402**

For additional information: Please contact the Executive Director, Thom Buttler, DDS, MS
ExecDirector@rwcds.org or 919-844-3009