

2010

RALEIGH-WAKE COUNTY DENTAL SOCIETY
MEMBERSHIP INFORMATION AND DUES STATEMENT

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.
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.

ACTIVE MEMBERSHIP OR ASSOCIATE MEMBERSHIP (total amount required) \$195.00

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, 2010 and are considered late if not paid by February 1, 2010. Application and payment must be made by February 15, 2010 in order to be listed in the 2010 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