

# RALEIGH-WAKE COUNTY DENTAL SOCIETY MEMBERSHIP APPLICATION AND DUES STATEMENT

**PLEASE NOTE: ALL MEMBERS (INCLUDING LIFE MEMBERS) MUST COMPLETE THIS FORM ANNUALLY. PLEASE HIGHLIGHT NEW OR RECENTLY CHANGED INFORMATION.**

**PLEASE PRINT LEGIBLY**    **Membership Year** \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_

Name \_\_\_\_\_ Nickname \_\_\_\_\_  
(Last) (First) (Middle)

Business address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Bus Ph \_\_\_\_\_ Fax \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell Ph \_\_\_\_\_

Work e-mail address \_\_\_\_\_ Home e-mail address \_\_\_\_\_

Practice Website address \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Marital Status: (Please circle)    S    M    Spouse's/Domestic Partner's Name \_\_\_\_\_

Education Background \_\_\_\_\_  
(Dental School Attended/ Degree) (Advanced or Specialty Training/School)

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

\_\_\_\_\_ I am interested in serving on a future RWCDs Executive Board or Standing Committee.

## 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..... **\$300.00\***

\_\_\_\_\_ **B. Associate Member** - A person who holds a professional dental degree and is currently practicing may be elected to Associate Membership..... **\$300.00\***

\_\_\_\_\_ **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 10 consecutive years. Upon application in writing to the Treasurer, dues will be assessed at fifty percent (50%) of the regular Active Member fee. **Life Members approved prior to November 18, 2014 will remain exempt from dues payment, however contributions and assessment payments are encouraged** ..... **\$187.50\***

\_\_\_\_\_ **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..... **\$75.00\***

**\*A \$75 voluntary contribution to the RWCDs Foundation is included. The Foundation is a 501(c)(3) organization and donations are tax deductible. Among other dental health related endeavors, the Foundation is supportive of Wake Tech's Hygiene & Assisting programs, Poe Center for Health Education, Wake Smiles, Wake County's Children's Dental Health Month, UNC SOD, NC MOM, and Give Kids A Smile Day. Please increase or decrease the amount of your donation as you deem appropriate.**

**Dues are due on or before January 1, and are considered late if not paid by February 1,**  
**MAKE YOUR DUES CHECK PAYABLE TO THE RALEIGH-WAKE COUNTY DENTAL SOCIETY AND MAIL TO:**  
**RALEIGH-WAKE COUNTY DENTAL SOCIETY c/o Dr. Johanna Irving**  
**705 Lake Boone Trail**  
**Raleigh, NC 27607**

For additional information: Please contact the Executive Director, Dr. Johanna Irving  
[Executivedirector@rwcds.org](mailto:Executivedirector@rwcds.org) or 919-881-9931