

**PLEASE TYPE: PLEASE FILL ALL BLANKS IF IT DOES NOT APPLY PLEASE INDICATE**

**THE DENTAL SOCIETY OF GREATER ORLANDO, INC.  
APPLICATION FOR PROVISIONAL MEMBERSHIP**

Thank you for your interest in membership. A Provisional membership is granted to any dentist that is a graduate of an accredited dental school and registered according to the Dental Laws of Florida may become a Provisional Member and must remain in this category for up to (1) one year, after which time application for Active Membership status may be made. As an affiliate association of the Florida Dental Association, our bylaws do not permit members who do not belong to the Tripartite (ADA, FDA, CFDDA). In order for you to maintain membership with the Dental Society of Greater Orlando, please complete the enclosed application and survey. Provisional members are non-voting members.

ADA NUMBER: \_\_\_\_\_ FLORIDA LICENSE #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

FLORIDA PERMIT #: \_\_\_\_\_ LICENSES HELD IN OTHER STATES: \_\_\_\_\_

INDICATE PRIMARY MAILING ADDRESS:                      OFFICE                      HOME  
NAME: \_\_\_\_\_ DEGREE: \_\_\_\_\_

PRACTICE NAME: \_\_\_\_\_

ADDRESS (OFFICE): \_\_\_\_\_  
(If you have more than one practice, please attach a separate sheet of paper.)

TELEPHONE: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SPOUSE'S NAME: \_\_\_\_\_ IS SPOUSE A DENTIST:    YES    NO

**EDUCATION:**

COLLEGE/UNIVERSITY                      GRADUATION DATE                      DEGREE/CERT.

DENTAL SCHOOL                      GRADUATION DATE                      DEGREE/CERT.

POST GRADUATE PROGRAM: \_\_\_\_\_ YEAR LICENSED: \_\_\_\_\_

PRACTICE LIMITED TO : \_\_\_\_\_ BOARD CERTIFIED: \_\_\_\_\_

**HISTORY OF PRACTICE SINCE GRADUATION:**

NAME                      LOCATION                      DATES  
Associate \_\_\_\_ Employee \_\_\_\_ Partner \_\_\_\_ Solo \_\_\_\_

NAME                      LOCATION                      DATES  
Associate \_\_\_\_ Employee \_\_\_\_ Partner \_\_\_\_ Solo \_\_\_\_

SIGNATURE                      DATE

**For DSGO Office Use Only**

Amount \_\_\_\_\_ Date Invoice \_\_\_\_\_ Date Paid \_\_\_\_\_ Roster \_\_\_\_ Access \_\_\_\_ Journal \_\_\_\_ Web \_\_\_\_ Badge \_\_\_\_