PLEASE FILL ALL BLANKS. IF IT DOES NOT APPLY, PLEASE INDICATE

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

Thank you for your interest in membership. An Active member is a dentist who is licensed to practice dentistry in Florida, is actively practicing dentistry in the State of Florida and is a member in good standing of the American Dental Association, the Florida Dental Association, and the Central Florida District Dental Association, is eligible to become an Active member of the Society.

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

_____
NAME LOCATION
Associate: _____Employee: _____ Partner: _____Solo_____

_____

SIGNATURE _____**DATE** _____

If you are interested in volunteering in any of the following areas place an X on the line, and someone will contact you.

_____Publications _____Membership_____ Legislative Contact Dentist _____Mentorship
_____Participation in social media _____Leadership