



Membership & Renewal Application

PO BOX 91553 Los Angeles CA 90009 (323) 296-4664 AngelCityDentalSociety.org

Name _____ Degree _____
Last First Middle

License Number _____ Dental School Attended _____

Specialty _____ Residency Program Attended _____

Office Address _____ City _____ State _____

Zip Code _____ Office Phone Number _____ Office FAX _____

Mobile Phone _____ Home Phone _____ Email Address _____

Home Address _____ City _____ State _____ Zip Code _____

Member dentists receive a further reduced rate when paying for their staff at meetings.

*Payments can be made via PayPal at AngelCityDentalSociety@gmail.com,
mailed to the Post Office Box or paid at the Continuing Education Dinner Meeting*

*Annual dues payment is required for discounted Continuing Education Meetings.
Without dues payment Continuing Education Meetings are registered at Non-member full price rate.*

Annual Membership Dues	\$300.00	_____
Retired DDS Annual Dues	\$ 95.00	_____
TOTAL PAID		_____
Date Paid		_____