

# MEMBERSHIP APPLICATION / RENEWAL



## Florida Dental Society of Anesthesiology

P.O. Box 444  
Orange Park, Fla. 32067  
904-703-4083 (O)  
904-825-0645 (F)

Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Office Address: \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ St \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

email \_\_\_\_\_

Florida dental license #: \_\_\_\_\_

Current permit held:  Pediatric Conscious Sedation  Conscious Sedation  General Anesthesia

Area of Practice: (Circle One):

General Practice

Oral & Maxillofacial Surgery

Endodontics

Orthodontics

Pediatric Dentistry

Periodontics

Prosthodontics

Oral Pathology

Dental Public Health

Dental Anesthesiology

Percentage of practice devoted to anesthesiology? \_\_\_\_\_%

Dental School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_

Anesthesia training: Institution \_\_\_\_\_

Type of program: (specialty or anesthesia residency, fellowship, continuing education, etc): \_\_\_\_\_

Dates attended: from \_\_\_\_\_ to \_\_\_\_\_ Certificate? \_\_\_\_\_

Professional societies to which you belong: \_\_\_\_\_

Are you a Member of the *American Dental Society of Anesthesiology*? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a Fellow of the *National Dental Board of Anesthesiology*? Yes \_\_\_\_\_ No \_\_\_\_\_

OR Are you Certified by the *College of Conscious Sedation*? Yes \_\_\_\_\_ No \_\_\_\_\_

**Annual Dues: \$75.00 for ADSA members \$150.00 for non-ADSA members**

Make check out to: FDSA, Or use your credit card: Visa \_\_\_\_\_ MC \_\_\_\_\_

Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax this form to 904-825-0645 OR mail it (with a check) to the above address