

# 2011/2012 MEMBERSHIP RENEWAL



## Florida Dental Society of Anesthesiology

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

**Annual Dues for 2011/2012: \$75.00 for ADSA members \$150.00 for non-ADSA members**

Make check out to: FDSA  
Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Amount \_\_\_\_\_  
Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Florida Dental License #: \_\_\_\_\_

### If you have any changes, please take time to fill out the following:

(Pay special attention to the e-mail address)

**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? \_\_\_\_\_%

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