



# Buncombe County Dental Society

## Membership Application

Check One: **New Member**      **Associate Member**      **Honorary Member**

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

Full Name \_\_\_\_\_ DDS    DMD

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Specialty: \_\_\_\_\_

NC Dental License #: \_\_\_\_\_      Sex: Male    Female

Government Employed: Yes    No      ADA Member: Yes    No

Marital Status: \_\_\_\_\_      Spouse Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_      Email: \_\_\_\_\_

**Practice:** \_\_\_\_\_

Practice Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Office Administrator: \_\_\_\_\_      Practice E-Mail: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_      Fax: (\_\_\_\_) \_\_\_\_\_

### Education:

Pre-dental: \_\_\_\_\_      Degree: \_\_\_\_\_      From: \_\_\_\_\_      to: \_\_\_\_\_

Dental: \_\_\_\_\_      Degree: \_\_\_\_\_      From: \_\_\_\_\_      to: \_\_\_\_\_

Post Grad./Other: \_\_\_\_\_      Degree: \_\_\_\_\_      From: \_\_\_\_\_      to: \_\_\_\_\_

If elected to membership, I agree without reservation to conduct myself professionally and personally according to the principles of dental ethics and to be governed by the constitution and by-laws of the Buncombe County Dental Society.

THIS APPLICATION WAS ELECTED TO  
BCDS MEMBERSHIP EFFECTIVE:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Buncombe County Dental Society)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

### INSTRUCTIONS:

1. Print and complete all areas of application.
2. Mail application with yearly dues of \$225 to:

**Buncombe County Dental Society ~ 304 Summit Street ~ Asheville, NC ~ 28803**

Questions?? Contact us at 828-274-0498 Fax:828-274-2093 Email: Denise@bcdentalsociety.org