



## ANNUAL DUES STATEMENT 2018 - 2019

Please fill out this information update form and dues statement completely and return it with your annual dues check. This statement covers membership from September 1st, 2018 to September 1st, 2019. Please make check payable to: **VOLUSIA-FLAGLER COUNTY DENTAL ASSOCIATION (VFCDA)** in the amount of \$210.00. Please send check to:

TREASURER, VFCDA  
PO Box 10224  
Daytona Beach, FL 32120-0224

Name & Degree: \_\_\_\_\_

Spouse's Name (Degree/Occupation): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail Address: (\*required) \_\_\_\_\_ Website: \_\_\_\_\_

Dental School & Year: \_\_\_\_\_

Specialty School & Year: \_\_\_\_\_

Other Degrees/Fellowships/Certifications: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Nitrous Oxide: Yes: \_\_\_\_\_ No: \_\_\_\_\_ IV Sedation: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Foreign Language(s): \_\_\_\_\_

Other: \_\_\_\_\_

*\*Note - This information will ONLY be used for the VFCDA.*