





The Vancouver & District Dental Society  
Box 102 – 1765 West 8<sup>th</sup> Ave. Vancouver, BC V6J 1V8  
Tel: 604-683-5730 Fax: 604-683-5745 [www.vdds.com](http://www.vdds.com)

## VDDS 2009/2010

[www.vdds.com](http://www.vdds.com) [www.midwinterclinic.com](http://www.midwinterclinic.com)

### *Early Bird Membership Draw!*

*A Complimentary "GOLD" Membership  
will be awarded at the  
VDDS May 12<sup>th</sup> Dinner & AGM!  
- VALUE \$795.00 -*

[www.vdds.com](http://www.vdds.com)

College Registration No.: \_\_\_\_\_

Degree(s) obtained: \_\_\_\_\_

**Category of Membership:** (see OVER)

Circle: **GOLD SILVER BRONZE Life AS RA**

\* **New Graduate Membership** (see over for special rates)

\* **LIFE Membership** is awarded by VDDS

Surname: \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Office Address: \_\_\_\_\_  
*(Dental office address preferred - please indicate "Res" if applicable)*

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ **E-Mail:** \_\_\_\_\_  
*(We would appreciate your e-mail address, with assurances that it will be kept private & confidential)*

In addition to English, are you fluent in another language? \_\_\_\_\_

**\*In 2009-10, whenever possible, your Meeting Reminders will be sent via e-mail.**  
*For audit purposes, we kindly ask that you complete a membership form.*

Payment Method:  Visa  MasterCard  Cheque Amount: \$ \_\_\_\_\_

Card #: \_\_\_\_\_ Exp.: \_\_\_\_\_ Signature: \_\_\_\_\_

In making application to be enrolled as a member of the Vancouver & District Dental Society, I agree to be governed by the Constitution and By-laws of the Society. I enclose annual dues for the current year.

Signature of Applicant: \_\_\_\_\_

Return to: Ms. Gerri Randall, Vancouver & District Dental Society  
Box #102 - 1765 West 8th Avenue Vancouver, BC V6J 1V8  
Tel: 604-683-5730 Fax: 604-683-5745 E-mail address: [gerri@vdds.com](mailto:gerri@vdds.com)