



The Vancouver & District Dental Society
Box 102 – 1765 West 8th Ave. Vancouver, BC V6J 1V8
Tel: 604.683.5730 Fax: 604.683.5745 www.vdds.com

VDDS 2010/2011

www.vdds.com www.midwinterclinic.com

EARLY-BIRD MEMBERSHIP DRAW!

**A Complimentary "GOLD"
Membership (Value: \$795)
will be drawn from all
early-bird registrants at the
VDDS May 11th Dinner & AGM**

WWW.VDDS.COM

College Registration No.: _____

Degree(s) obtained: _____

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

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

* **Recent Grad Membership** (see over for special rates)

* **LIFE Membership** (as 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 2010-11, 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 applying for enrollment 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