



JAMAICA DENTAL ASSOCIATION

7 Upper Musgrave Avenue, Kingston 6

(876) 927-9875 ★ www.jamaicadentalassociation.org

Membership Form

MEMBER INFORMATION

NAME _____ EMAIL _____

ADDRESS _____ DAYTIME PHONE (include area code) _____

CITY _____ STATE _____ ZIP _____ EVENING PHONE (include area code) _____

DENTAL SCHOOL ATTENDED: _____ STATE _____ YEAR OF GRADUATION _____

DEGREE HELD: DDS DMD OTHERS _____

DENTAL SCHOOL: (qualified from & location) _____

YEAR GRADUATED AND DENTAL SPECIALTY: _____

To qualify for Active membership, you must have been granted a license to practice. Applications received without a license number will not be processed.

MEMBERSHIP DEMOGRAPHIC INFORMATION

To learn more about JDA members, we would appreciate your assistance with the following information:

Gender: Female Male Birth Date: _____ Ethnicity (optional): _____

Please list any dental societies in which you hold membership: _____

ANNUAL DUES

JDA Member \$2000.00
New Member \$1000.00
Total \$ _____

METHOD OF PAYMENT

- I am enclosing a check payable to the **Jamaica Dental Association** for my annual dues.
 Please charge my annual dues to my credit card. (see Total)

ACTIVE MEMBER

NEW MEMBER

CHEQUES MUST BE MADE PAYABLE TO THE JAMAICA DENTAL ASSOCIATION.

BANK NAME: _____

CHEQUE #: _____

CARD NUMBER _____ VISA MasterCard

EXPIRATION DATE _____

SIGNATURE _____

- I understand that by providing us your credit card information, you hereby agree that JDA may automatically renew your membership each year by charging the applicable membership dues fee directly to your credit card. Your membership fee will be charged on an annual or quarterly basis according to the manner you have indicated. Please ensure we have updated credit card information so the renewal may be processed. If you do not wish to have your dues automatically renewed each year, you may opt-out next year.