

Academy of LDS Dentists 2008 Dues

Last Name _____ First Name _____ Middle Name _____

Mailing Address _____

City _____ State _____ Zip Code _____ Country (if not U.S.) _____

Telephone Number (_____) _____ E-mail _____

*Social Security Number or BYU ID (optional) _____ Male _____ Female _____

Please select all that apply:

- _____ \$100 Dentist Dues
- _____ \$30 Hygienist Dues
- _____ \$0 Current Dental Student
- _____ \$100 Humanitarian Service Fund
- _____ \$15 Scholarship Donation
- _____ \$25 Scholarship Donation
- _____ \$50 Scholarship Donation
- _____ \$100 Scholarship Donation
- _____ \$200 Scholarship Donation
- _____ \$500 Scholarship Donation

_____ Visa _____ MasterCard _____ Discover _____ American Express

Card Number _____

Exp. Date (mm/yy) _____ Security Code _____

Billing address (if different from mailing address) _____

City _____ State _____ Zip Code _____

Country (if not U.S.) _____

or _____ Check payable to BYU

Total Submitted with form: \$ _____

The Academy of LDS Dentists would like to know more about you!

Please take a moment to answer the following questions. Additional information will be used for Academy business only and will not be shared with other entities.

Spouse's name: _____

Is the address provided on the front of this form your home address? _____ Yes _____ No

If not, please provide your home address:

Address _____

City _____ State _____ Zip Code _____ Country (if not U.S.) _____

Home phone: (_____) _____ Cell phone: (_____) _____

School of Graduation: _____ Year of Graduation: _____

Degree: _____ Specialty: _____

What languages do you speak? _____

What dental subjects can you lecture on? _____

Can you serve on a short-term service project or as a full-time missionary? Please explain:

Please return this form with your payment **online** by June 30, 2008, at <http://ldsdentists.byu.edu>; or mail them to Academy of LDS Dentists, 120 Harman Continuing Education Building, Provo, UT 84602; or call (801) 422-8825.