

# EASTERN DENTAL SOCIETY

## Membership Registration and Statement of Dues

For September 1, 2016 – October 31, 2017

Regular Member Annual Dues: \$225

Please check if the below information has changed from last year \_\_\_\_\_

Name \_\_\_\_\_

Street Address \_\_\_\_\_

Suite \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone( ) \_\_\_\_\_ Fax( ) \_\_\_\_\_

E-mail \_\_\_\_\_

Cell Phone( ) \_\_\_\_\_

Please make check payable to EASTERN DENTAL SOCIETY and mail to:

Dr. Charles L. Gemmi  
2137 Welsh Road, Suite 1B  
Philadelphia, PA 19115  
(215) 676-7846

Visit our web site at [www.eastern-dental.org](http://www.eastern-dental.org)