



Lake County Dental Association

Application for Membership

Name _____

Home Address _____

Home Phone _____

Office Address _____

Office Phone _____

Office Fax _____

Dental School and Year Graduated _____

Dental License Number _____

Are you a member of the following:

	Yes	No
American Dental Association	_____	_____
Florida Dental Association	_____	_____
Central District Dental Association	_____	_____

Professional Affiliations:

LCDS Committee Notes: