



JACKSONVILLE
DENTAL SOCIETY
AN AFFILIATE OF THE NORTHEAST DISTRICT,
AMERICAN & FLORIDA DENTAL ASSOCIATIONS

450 State Rd. 13, Ste 106
Box # 451
Jacksonville, Florida 32259

ANNUAL DUES STATEMENT FOR JUNE 1, 2025 – MAY 31, 2026

PLEASE TYPE OR PRINT LEGIBLY

Name: _____

Address: _____

Mobile #: _____ Office #: _____

Email Address: _____ License # (for CE credit) DN _____

I am interested in participating in [GIVE KIDS A SMILE](#) on Saturday, February (TBA) 2026. [CHECK HERE](#) 

General Membership Fee includes:

- 4 Dinner meetings (total of 8 CE hours)
- Kick off social night social.
- Spouses' night for you and your spouse/guest

	Active General Member	Retired Life Member	Active Duty/First time members
2 Social Events	FREE	FREE	FREE
Membership Fee	\$380.00	\$150.00	\$280.00
If Received After Sept. 1,2025	\$400.00	\$160.00	\$310.00

Please send check payable to Jacksonville Dental Society or Credit Card (at above address) by August 15,2025

Payment Type: Check# _____ Visa Mastercard Total Amount _____

CC# _____ CVV# _____ Exp. Date _____

Billing Address _____

Name on Card _____ Signature _____

There is a \$5.00 Credit Card processing fee.

For questions please email/contact: Ms. Virginia Smith or Ms. Savanah Sweet
at jaxdentalsociety@gmail.com or (904) 513-8234