

UNITED STATES DENTAL GOLF ASSOCIATION

Membership Application

Name: _____

Type of Practice: _____
(GP, Specialist, Lab Tech, etc.)

Address: _____
(Street)

Address: _____
(City) (State) (Zip)

Phone: _____

Email Address: _____

Golf Handicap or Index _____ No Established Handicap _____

Spouse's Name: _____

Membership: There are two types of membership:

Active: Open to duly licensed dentists. Granted upon completion of application, approval by The Board of Directors, and payment of annual membership dues of \$60.

Associate: Open to any auxiliary personnel of an active USDGA member. Granted upon completion of application, approval of the Board of Directors, and payment of annual membership dues of \$60. An Associate Member may attend clinical meetings and education programs upon payment of appropriate fees but may not vote or hold office.

NOTE: Dues are payable annually in January each calendar year.

Objectives:

To foster and encourage all dentists, regardless of their level of skill, to play golf for the betterment of their physical and mental well-being; to promote and hold such tournaments and/or golf programs necessary to carry out the above objectives; and to cooperate with various Schools of Dentistry and other recognized dental organizations to promote continuing education courses and seminars which will improve the participant's skills in the practice of dentistry.

Annual Membership Dues \$60 _____

Deposit toward Annual Meeting (refundable until 9/1/09). . \$300 _____

Please make check payable to USDGA TOTAL _____

Return Form with check to:

US Dental Golf Association
c/o Ernie Thompson
3895 SW 185th Avenue, Suite 130
Beaverton, OR 97007-1500