

ACADEMY OF LDS DENTISTS 2010 DUES

Last Name _____ First Name _____ Middle Initial _____ Male Female
Mailing Address _____ City _____ State _____ ZIP Code _____
Country (if not U.S.) _____ Telephone Number (____) _____ E-mail _____
BYU ID or NetID _____ Birthday (required) _____

**The Academy of LDS Dentists would like to know more about you.
Please take a moment to answer the following questions.
The additional information will be used for Academy business only.**

Do you have a 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 fulltime missionary? _____

Can we share your contact information with other Academy members? Yes or No

Can we share your contact information with people searching for a dental service? Yes or No

Please select all that apply:

- \$100** Dentists Dues
- \$30** Hygienist Dues
- \$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 _____

Date (mm/yyyy) _____ Security Code _____

Billing address (if different from mailing address):

City _____ State _____ ZIP Code _____

or Check payable to BYU

Total Amount Submitted with Form \$ _____

Four ways to pay your Dues:

Fax form to (801) 422-0739

Telephone (801) 422-8925

Pay online at <http://ldsdentist.byu.edu>

Mail form to:

Academy of LDS Dentists
BYU Conferences and Workshops
120 Harman Continuing Education Building
Provo, UT 84602