



MANATEE DENTAL SOCIETY

APPLICATION FOR MEMBERSHIP

P.O. BOX 1833 • Brandon, FL 33509 • 941-677-8194

DATE _____

NAME _____ FL LIC. # _____

OFFICE ADDRESS _____

PHONE # _____ FAX # _____

Date of Birth _____ E-Mail _____

Initial Date of Practice in Manatee County _____

Practice Is Solo _____ Associate _____ Contract _____

Undergraduate School _____ Year _____

Dental School _____ Year _____

Degree Obtained _____

Postgraduate Training _____

Date of FL Board _____

National Licenses or Boards (Include Year) _____

Specialty Information: Please include any information that would be helpful in making referrals. _____

CHRONOLOGICAL HISTORY OF PRACTICE SINCE GRADUATION

1. _____
2. _____
3. _____
4. _____

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SPOUSES'S NAME _____

HOME ADDRESS _____

PHONE # _____

CHILDREN: NAME _____ AGE _____
 NAME _____ AGE _____
 NAME _____ AGE _____

Have you ever been investigated by the Board of Dentistry? _____ the Department of Regulation? _____ If **Yes**, give details: _____

Have you ever been convicted of a felony? _____ If **Yes**, give details: _____

Have you ever been convicted for drug abuse? _____ If **Yes**, give details: _____

Have you ever had your license suspended? _____ If **Yes**, give details: _____

Have you ever been reprimanded for ethical misconduct? _____ If **Yes**, give details: _____

Have you ever belonged to another Dental Association either in or out of the state? _____ If **Yes**, please give names, places and dates: _____

I certify the above information to be true.

Applicant's Signature

I certify that I will abide by the Articles of Incorporation and the By-laws of the Manatee Dental Society. I authorize the Membership Committee to seek information concerning the above questions for use in considering my candidacy for membership into the Manatee Dental Society.

I certify that I am an ethical practitioner of dentistry and hereby apply for membership in the Manatee Dental Society.

Date

Applicant's Signature