BREVARD COUNTY DENTAL SOCIETY

AN AFFILIATE OF THE CENTRAL FLORIDA DISTRICT, AMERICAN & FLORIDA DENTAL ASSOCIATIONS

Brevard County Dental Society
FAX # 407-895-9712
Membership Dues 2019-2020

Dear Members,

BCDS is offering payment options for fiscal year 2019-2020. Listed below are the mandatory membership dues (unless you are a lifetime member – 35 plus years) along with optional donations for your selection.

Please make sure your ADA/FDA/CFDDA dues are up to date as they must be paid for you to continue your membership with the Brevard County Dental Society.

Your Executive Committee has decided, once again, to offer a discount to members who prepay the business meetings. You may opt to prepay for all 5 Business meetings (Oct, Nov, Jan, and Apr) at $30.00 each for a total of $120.00 (instead of the regular $35.00) which saves you $20.00. If you are unable to attend a meeting, there will be no refunds.

****Tax advantage – Meetings paid with dues are 100% tax deductible****

Please pay by September 1st, 2019 to avoid a $25.00 late fee. **Please mark your selections.**

MEMBER Name (please print) _____

____ $250.00 **Mandatory** annual membership dues (unless you are a lifetime member – 35 plus years)
____ $ 20.00 Alliance dues (optional)
____ $120.00 Business meeting prepay (optional)
____ $ 20.00 Children's Dental Health Month/Give Kids a Smile (optional)
____ $ 75.00 Tooth Trot Race sponsor (optional)
_____ Payment Total

Mail your check to: Brevard County Dental Society, PO Box 236663, Cocoa, FL 32923
Pay by credit card – Call the office - 321-636-1820 (preferred) will email a receipt for your records

Cancellation Policy: Payment will be required in full unless cancelled no less than 72 hrs. prior to event. Events not paid within 30 days will be subject to a late charge.

Your Executive Committee is looking for volunteers to serve in one of several areas. If you are interested in helping us, please mark one or more of the following and return with your dues.

_____ **Public Relations/New Membership Committee**
_____ **Executive Committee Member**
_____ **Give Kids a Smile**
_____**Tooth Trot**

ALL MEMBERS VERY IMPORTANT THAT YOU:
***** Please complete the attached in-house update *****

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PO Box 236663
Cocoa, FL 32923
bcdssecretary@msn.com, office 321-636-1820, fax 407-895-9712

BCDS Internal Information 2019-2020

Please Print Legibly

Dear Members,

Please make sure you fill this out completely and return with your 2019-2020 membership payment of $250. We want to be able to maintain complete and accurate records at the BCDS office and/or provide prospective patients calling our office with information that enables them to select a member dentist who meets criteria they are looking for.

Name (including title, DMD etc)_____

Name of Practice_____

Type of Practice _____

Primary Practice Address_____

Secondary Practice Address_____

Telephone_____ fax_____ email address_____

Dental School(s) attended_____Speciality_____

Year Graduated_____ FL Lic #_____ Year joined BCDS_____

Member ADA/FDA/CFDDA Since _____ (must be a member to join BCDS)

Please check each of the following that apply to your practice **(only if you want referrals from BCDS)**:

	Yes	No		Yes	No
Accept Medicaid (Children)	___	___	Perform extractions	___	___
Accept Medicaid (adults)	___	___	Place implants	___	___
Accept new patients	___	___	Restore implants	___	___
Accept pediatric patients	___	___	Place crowns	___	___
Accept same-day emergencies	___	___	Provide Night Guards	___	___
Accept insurance	___	___	Treat TMJ disorders	___	___
Have a payment plan	___	___	Construct/repair dentures	___	___
Offer a cash discount	___	___	Perform hospital dentistry	___	___
Offer a senior discount	___	___	Nursing home visits	___	___
Have reduced Rates	___	___	Administer Nitrous Oxide	___	___
Speak a foreign language	___	___	General Anesthesia	___	___
(please specify language)_____			Administer IV sedation	___	___
			Wheelchair accessible	___	___

Office hours _____ Days office is open_____

Evening and/or weekend hours?_____

Special procedures performed in office?_____

Thank you!
Brevard County Dental Society **bcdssecretary@msn.com**