



**BREVARD COUNTY  
DENTAL SOCIETY**

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

Attach Photo This Corner

***Brevard County Dental Society***  
**Membership Application**

(Please Type Or Print)

Name \_\_\_\_\_ Spouse's Name \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ email \_\_\_\_\_  
 Office Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Birth Date \_\_\_\_\_ Birth Place \_\_\_\_\_

**Academic Training**

Pre-Dental School \_\_\_\_\_  
 Dental School \_\_\_\_\_ Degree \_\_\_\_\_ Year Grad \_\_\_\_\_  
 Post Graduate \_\_\_\_\_  
 Board Certification \_\_\_\_\_

**National and State Licenses**

State Licenses (*Include Year*) \_\_\_\_\_  
 National Licenses or Boards (*Include Years*) \_\_\_\_\_

Member: ADA/FDA/CFDDA Since: \_\_\_\_\_

**Chronological History of Practice Since Graduation**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

PRACTICE:  Solo  Associate  Other (*Explain*) \_\_\_\_\_

If Associate, with whom \_\_\_\_\_

Have you ever had patient complaints to any Professional Relations Committee?	Yes	No
If yes, give details _____		

Have you ever been convicted of a felony?	Yes	No
If yes, give details _____		

Have you ever been arrested for drug abuse, possession or sale?	Yes	No
If yes, give details _____		

Have you ever had your license suspended?	Yes	No
If yes, give details _____		

Have you ever been reprimanded for ethical misconduct?	Yes	No
If yes, give details _____		

Have you ever belonged to another Dental Association either in or out of state?	Yes	No
If yes, 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 Bylaws, Code of Ethics, and Requirements and Conditions of Membership in the Brevard County Dental Society, Central District Dental Association, Florida Dental Association and the American Dental Association. I also agree to continuously maintain an active membership in good standing with the Central District Dental Association, the Florida Dental Association and the American Dental Association. If I am not currently a member of these Associations, I understand that I have one year from date of Provisional Membership induction into the Brevard County Dental Society to become an active member of the CDDA, FDA, and ADA or be dropped from membership in the BCDS.

\_\_\_\_\_  
Date Applicant's Signature

I authorize the Brevard County Dental Society Membership Committee to seek information concerning the above questions for use in considering my candidacy for membership in the aforementioned Society.

\_\_\_\_\_  
Date Applicant's Signature

I authorize the release of any information to the Membership Committee of the Brevard County Dental Society for its use considering this application.

\_\_\_\_\_  
Date Applicant's Signature

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

\_\_\_\_\_  
Date Applicant's Signature

\*\*ENDORSED BY: \_\_\_\_\_  
Signature – Active Brevard County Dental Society Member (Print and Sign)

\*\*ENDORSED BY: \_\_\_\_\_  
Signature – Active Brevard County Dental Society Member (Print and Sign)

APPLICATION RECEIVED: \_\_\_\_\_  
Date

NEW MEMBER FEE \$250  
AMOUNT RECEIVED WITH APPLICATION \$ \_\_\_\_\_

REFERRED TO MEMBERSHIP CHAIRMAN AND/OR MEMBERSHIP COMMITTEE \_\_\_\_\_  
Date

Recommendation by Membership Chairman: Favorable Unfavorable \_\_\_\_\_  
Signature of Membership Chairman

INTRODUCTION OF NEW MEMBER APPLICANT \_\_\_\_\_ Date

PROVISIONAL MEMBERSHIP INDUCTION \_\_\_\_\_ Date Action of General Membership: Elected Rejected  
\_\_\_\_\_  
Signature of Membership Chairman

ACTIVE MEMBERSHIP INDUCTION \_\_\_\_\_ Date Action of General Membership: Elected Rejected  
\_\_\_\_\_  
Signature of Membership Chairman

\*\*New member applicant must have 2 active members of BCDS sign this form.