



2011 MEMBERSHIP DUES FORM

Thank you for being a member!

Last Name _____ First Name _____ M.I. _____ Male Female

Mailing Address _____ City _____ State _____ Zip _____

Country (if not USA) _____ Home # (_____) _____ Cell # (_____) _____

EMAIL (REQ.): _____ Birth Year: _____ Year Graduated: _____

If you have been a member of the Academy in the past, what is your **BYU ID or NetID?** _____

The Academy of LDS Dentists would like to know more about you.

After you make application for membership, please go to **AcademyofLSDentists.com** click on "**Join**" and "**Update Your Info**" to answer some questions about yourself.

Information will be used for Academy business only.

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

MY MEMBERSHIP PAYMENT IS FOR:

- \$100 = **DENTIST** Dues
- \$ 30 = **HYGIENIST** Dues
- \$ 0 = **DENTAL STUDENT***

*DENTAL STUDENTS **DO NOT PAY** DUES DURING SCHOOL NOR FOR **2 YRS. AFTER** GRADUATION. IF YOU GRADUATED IN 2009 OR LATER, YOU DO NOT PAY ANY DUES.

I WILL PAY MY DUES TO THE ACADEMY BY:

- Visa
- MasterCard
- Discover
- AmExp.

Card #: _____

Exp. Date (mm/yyyy) _____ Security Code: _____

- OR -

- I will make a **CHECK PAYABLE** to "B.Y.U." and mail it to:

ACADEMY OF LDS DENTISTS
BYU Conferences and Workshops
115 Harman Continuing Education Bldg.
Provo, Utah 84602

I ALSO WANT TO DONATE TO:

- HUMANITARIAN SERVICE;**
- SCHOLARSHIPS; OR**
- EITHER ONE.**

For the amount of: \$ _____

THANK YOU FOR YOUR DONATION!

The **TOTAL AMOUNT** being submitted is: \$ _____ to the **ACADEMY** through **B.Y.U.**

THERE ARE FOUR EASY METHODS OF PAYMENT:

1. **FAX THIS FORM TO:** (801) 422-0739 (By Card only)
2. **CALL TELEPHONE NUMBER:** (801) 422-8925 (By Card only)
3. **PAY ONLINE AT:** <http://LSDentist.byu.edu> (By Card only)
4. **MAIL THIS FORM & A CHECK** (to the address above) (By Check or Card)