



MARYLAND ACADEMY OF PEDIATRIC DENTISTRY ANNUAL REGISTRATION & DUES FORM

Name: _____ (Type/Print- First, Middle, Last). DDS / DMD (circle one)

Mailing Address: _____

Phone Number: (Work). _____ (Home/Mobile). _____

Email: _____ (Please print clearly, most communications are via email).

Please Note: Your practice information will be posted on the MAPD website as provided. Member information is only posted for Current Dues Paid members.

2011 Dues: \$50.00 for Active and Associate Members. There are no dues charges for students and retired members; however a completed registration form is still required.

2011 Dues: \$50.00 (Due by April 8, 2011)

Please Make Checks Payable To: **Maryland Academy of Pediatric Dentistry**

Return Form To:

MAPD Dues

Attn: Wendy Daulat, DDS

4149 Sharp Road

Glenelg, MD 21737

For inquiries, please call Dr. Daulat at 443-398-5911. Email: wendys123@hotmail.com