



MARYLAND ACADEMY OF PEDIATRIC DENTISTRY ANNUAL REGISTRATION & DUES FORM

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

Office Address: _____

Office Phone Number: _____ Office website: _____

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

Do you want your email address posted on the MAPD website? Yes No

Please Note: Practice information is only posted on the MAPD website under the “Find a Pediatric Dentist” link for Current Dues Paid members.

2010 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.

2010 Dues: \$50.00

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