



**COLLIER COUNTY  
DENTAL  
ASSOCIATION**



**WEST COAST  
DISTRICT DENTAL  
ASSOCIATION**



florida dental  
ASSOCIATION

**APPLICATION FOR MEMBERSHIP**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Business Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Personal Email: \_\_\_\_\_

Family Member: (Spouse): \_\_\_\_\_

Dental School Attended: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Practice limited to Specialty/Field: \_\_\_\_\_

Specialty Program Attended: \_\_\_\_\_

Year Completed: \_\_\_\_\_ Board Eligible/Certified: \_\_\_\_\_

Florida License Number: \_\_\_\_\_ Year Obtained: \_\_\_\_\_

ADA#: \_\_\_\_\_

License and/or practice in other state? YES or NO

If yes, where: \_\_\_\_\_

License revoked or suspended in any state? YES or NO

If yes, where: \_\_\_\_\_

WCDDA/FDA/ADA member: YES or NO

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

**Yearly Membership Dues \$350.00. Our Society has a reduced rate for retired doctors.**

**Dues include all lectures and meals attended.**

**Please make check payable to CCDA and mail to**

Dr. Rose Brao

Dr. Rose Brao

C/O CCDA

Gulf Coast Orthodontics

8845 Founders Squard Dr

Suite 110

Naples, FL 34120

**Office:** 239.561.2258

**Email:** info@gulfcoastortho.com



Use the QR code to pay by credit card.  
A 3% convenience fee has been added.

Thank you for your membership!