COLLIER COUNTY DENTAL ASSOCIATION

AN AFFILIATE OF THE WEST COAST DISTRICT, AMERICAN & FLORIDA DENTAL ASSOCIATIONS

MEMBERSHIP APPLICATION

2026-2027

1 CONTACT INFORMATION

Full name

Office address

City / State / ZIP

Office phone

Business email

Personal email

2 EDUCATION AND PROFESSIONAL INFORMATION

Dental school

Graduation year

Degree

Specialty / field

Specialty program

Year completed

Board status ☐ Eligible ☐ Certified ☐ Not applicable

3 LICENSURE AND PROFESSIONAL AFFILIATIONS

Florida license no.

Year obtained

ADA number

Tripartite member ○ Yes ○ No

Licensed or practicing in another state? ○ Yes ○ No

If yes, state(s)

Has any professional license been revoked or suspended? ○ Yes ○ No

If yes, explain

4 MEMBERSHIP AND PAYMENT

Annual membership dues

☐ Standard membership - $350

☐ Retired dentist rate - contact CCDA

Dues include CCDA lectures and meals attended.

PAY BY CREDIT CARD

Scan the QR code to pay online.

A 3% convenience fee is added.

Checks payable to CCDA.

APPLICANT CERTIFICATION

I certify that the information provided is accurate and complete.

Signature

Date

RETURN TO: Dr. Miguel Jusino, C/O CCDA, 4933 Tamiami Trail N, Suite 100, Naples, FL 34109

239-649-7766