



**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. Juan P. Rodriguez

Dr. Juan P. Rodriguez

C/O CCDA

Pelican Endodontics, P.A.

11181 Health Park Blvd #2270

Naples, FL. 34110

Office: (239) 596-3636

Email: drrodriguez@pelicanendo.com