

# LEE COUNTY DENTAL SOCIETY

Lee County Dental Society, Inc.  
P.O. Box 60424 • Fort Myers, FL 33906-6424  
239-936-9240 ~ phn • 239-936-2662 ~ fax

**The Lee County Dental Society welcomes your application for membership. Please be aware that you must be a member of the ADA, FDA, and West Coast District Dental Association to be considered for membership into the Lee County Dental Society.**

Please provide the following information and mail this form to LCDS, P.O. Box 60424, Ft. Myers, FL 33906 or fax to 239-936-2662. You are invited to attend the meetings while your application is being considered.

Membership Chairperson: Dr. Andrea Parsons (239-731-0084)

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

(Office)  
HOME ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_ DATE: \_\_\_\_\_

DENTAL SCHOOL: \_\_\_\_\_

DEGREE (S): \_\_\_\_\_ DATES: \_\_\_\_\_

POSTGRADUATE TRAINING: \_\_\_\_\_  
Specialty / G.D. Residency, etc.

School/Program	Dates	Degree/Certificate
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FLORIDA LICENSE#: # \_\_\_\_\_ YR. LICENSED \_\_\_\_\_

List activity of previous two years (Military, school or other employment):

1. \_\_\_\_\_
2. \_\_\_\_\_

List Professional activities since graduation:

1. \_\_\_\_\_
2. \_\_\_\_\_

REFERENCES: List two Dentists who will submit a letter of recommendation if requested.

1. \_\_\_\_\_
2. \_\_\_\_\_

\_\_\_\_\_  
Applicant Signature



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

