



The Vancouver & District Dental Society
 Suite 100 – 2227 St. John’s Street Port Moody, BC V3H 2A6
 Tel: 604.683.5730 OR 604.461.4171 www.vdds.com

VDDS 2015/2016

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 gives you an entry
 in the June Membership Draw
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Circle: **GOLD SILVER BRONZE Life AS RA**

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Surname: _____ Given Name(s) _____

Office Address: _____
(Dental office address preferred - please indicate "Res" if applicable)

City: _____ Prov: _____ Postal Code: _____

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In what languages are you fluent? _____

**** By including my e-mail address above, I accept the receipt of Lecture Reminders,
 Meeting Notices and E-News from the Vancouver & District Dental Society via e-mail**

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 complimentary basis (excludes Midwinter Clinic); meals a la carte**

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In applying for enrollment as a member of the Vancouver & District Dental Society, I agree to be governed by the Constitution and By-laws of the Society. I enclose annual dues for the current year.

Signature of Applicant: _____

Return to: The Vancouver & District Dental Society
 Suite 100 – 2227 St. John’s Street, Port Moody, BC V3H 2A6

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