



**This form for Canadian Life and Honorary Members Only**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Company: \_\_\_\_\_

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

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Country: \_\_\_\_\_ Zip Code: \_\_\_\_\_

2010 Membership Dues (Voluntary) \$ 40.00

2010 Journal of Prosthetic Dentistry \$ 164.45

**TOTAL \$ 204.45**

I am currently a member of (please check all that apply):

Canadian Dental Association

American Dental Association

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

**NOTE: Please return one signed copy and retain the other for your records to verify payment.  
Thank you.**

Dr. Rodger Lawton  
PCSP Secretary/Treasurer  
3425 Ensign Road, N.E., Suite 210,  
Olympia, WA 98506

**Due January 1, 2010**