



This form for Canadian Life and Honorary Members Only

First Name: _____ Last Name: _____ Degree: _____

Company: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

2009 Membership Dues (Voluntary)	\$ 40.00
2009 Journal of Prosthetic Dentistry	<u>\$ 170.10</u>
TOTAL	\$ 210.10

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

- Canadian Dental Association
- American Dental Association

If paying by Visa or MasterCard, please fill out information below:

Visa MasterCard

Card #: _____

Expiration Date: _____

Amount to be Charged: \$ _____

Signature: _____ Date: _____

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

Christopher Travis, D.D.S.
PCSP Secretary/Treasurer
25200 La Paz Rd., Suite 106
Laguna Hills, CA 92653

Due January 1, 2009