



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

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

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

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

\_\_\_\_\_

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

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

2009 Membership Dues (Voluntary)	\$ 40.00
2009 Journal of Prosthetic Dentistry	<u>\$ 109.00</u>
<b>TOTAL</b>	<b>\$ 149.00</b>

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.**

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

**Due January 1, 2009**