



This form for US 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 \$ 109.00

TOTAL \$ 149.00

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, 2019