



Membership Dues

Annual Dues Statement

HADS sponsors Illinois AGD-approved CE seminars (free to paid members).

Your membership dues help fund the **annual dental student scholarship, free continuing education courses, as well as philanthropic donations, social events and much more.**

Your continued support is vital in maintaining this organization and allows us to have functions benefiting fellow dentists, students, as well as our Hellenic community. **Please consider becoming a member!!**

Annual membership dues: \$75.00

Paid on ___/___/___ Check # _____

Your contribution may be tax deductible; please check with your accountant

Please detach bottom portion and return along with payment in the enclosed self-addressed envelope.
Retain top portion for your records.

Membership Dues (2010) \$75.00

Make check payable to: HADS, Inc.

Hellenic American Dental Society *Annual Membership Application*

NAME: _____

Title: DDS DMD MS PhD RDH CDT CDA

The following mailing address is (check one): Business Personal

Address: _____

City _____ State _____ Zip _____

Phone No (___) _____ - _____ Alternate Phone No (___) _____ - _____

Spouse's name: _____ E-mail

address: _____

Year of Graduation _____ Dental School _____

Specialty _____