



Annual Dues Notice for 2019
Amount: \$25.00

SECTION

Dental Assisting/Dental Laboratory

Dental Hygiene

NAME _____
Last First MI

NAME OF SCHOOL _____

PREFERRED EMAIL _____

HOME ADDRESS _____

PLEASE CIRCLE ALL THAT APPLY:

CDA ■ (C)RDH ■ DLT ■ DDS/DMD ■ Program Director ■ Full Time Faculty ■ Adjunct Faculty

Due Date for Renewing Members: January 1, 2019

Make check payable to FADE (sorry, we are unable to accept credit card payments)

Please remit to:
Toni McLeroy, FADE Treasurer
State College of Florida
5840 26th Street West
Bradenton FL 34207

Office Use Only
Date _____
Cash/Check # _____
Card/Receipt Sent _____