



The Florida Academy of Dental Practice Administration

Getting to Know You Form

It is the desire of **The Florida Academy of Dental Practice Administration** that you will find our meeting knowledgeable as well as enjoyable. By choice, the membership is limited in numbers with the belief that the limited membership encourages a stronger bond through the exchange of ideas and fellowship. So that we may know you better, please fill out this form and return by **March 31st**.

Name: _____ Degree: _____ DOB: _____ Spouse: _____
Office Address: _____ City: _____ Zip: _____ District: _____
Home Address: _____ City: _____ Zip: _____ District: _____
E-Mail: _____ Office Ph.: _____ Cell: _____
FDA Member Since: _____ Dental School and Graduation Year: _____
Years in Practice: _____ Specialty: _____ Sponsor: _____
Website _____

Expertise and interests:

Dental organization memberships and offices held:

Meritorious contributions to dentistry:

Advanced dental training:

Expound on special interests in dentistry:

Clinics or papers:

What are some of the community activities in which you participate?

What are some of your hobbies, pastimes, and other activities you enjoy?

Anything else you would like to tell us so we could get to know you better?
