

2010 Prepaid Dues Program

The MDA is again offering the opportunity to members to participate in the prepaid dues program, an optional program open to any member who wishes to participate. If you would like to prepay your 2010 membership dues, please return this application form by June 19, 2009. This form must be returned even if you have participated in the Prepaid Dues Program in previous years. This program was instituted for members who prefer to pay next year's dues in smaller increments over an extended period of time rather than in one lump sum.

If you choose to participate, an estimated total of your 2009 dues for the ADA, MDA, and your District Dental Society will be divided into six equal installments and you will either be invoiced for payments in July, August, September, October, November and December or, if you prefer, your monthly installment will be charged to your credit card account on a monthly basis. If your 2010 dues are changed this fall, an adjustment will be made to your December payment. There are no penalties for missing monthly payments, and you may pay more than one month at a time. However, the full amount of your year 2008 dues is to be received by January 1, 2010.

In addition, if you would like to make a voluntary contribution of \$104.00 to ADPAC and MINDENPAC, or a voluntary contribution of \$50.00 to the Minnesota Dental Foundation, please check the appropriate box below. We ask that if you are contributing to either PAC that you make a personal check payable to the MDA and send it in with your form.

Please call **Dawn Jensen at 612/767-8400 ext. 103 or 1-800/950-3368** if you have any questions.

Print Name _____ ADA # _____

Address _____

City, State, Zip _____

Office Phone Number _____ Home Phone _____

Yes, I wish to participate in the 2010 Prepaid Dues Program

Yes, I also wish to make a voluntary contribution of \$104.00 to ADPAC and MINDENPAC and have it billed with my prepaid dues installments.

Yes, I also wish to make a voluntary contribution of \$50.00 to the Minnesota Dental Foundation.

Please check one: My check or credit card payment is a corporate or personal payment.

Please charge my monthly payments to my Visa, American Express, Discover, or Master Card.

Card No _____ Exp. Date _____

Signature _____ Date _____

**Please return to the Minnesota Dental Association,
1335 Industrial Blvd., Minneapolis, MN 55413
or fax 612/767-8500 by June 19, 2009**