



## Dental Philanthropy Network Membership Invoice

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City	State	Zip Code
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Telephone: (    ) \_\_\_\_\_ Website: \_\_\_\_\_

### Membership Rates:

Active: \$100 professional staff

Additional Active: \$75 per professional staff

Associate: \$50 per support staff person

Affiliate: \$200 (corporation)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ \$ \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ \$ \_\_\_\_\_

e-mail address: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ \$ \_\_\_\_\_

e-mail address: \_\_\_\_\_

Total Remitted: \$ \_\_\_\_\_

### Method of Payment:

You may pay by **credit card** at [paypal.me/DentalPhilNetwork](https://paypal.me/DentalPhilNetwork)

Or make **checks** payable to the Dental Philanthropy Network and mail to: Aly Whittlesey, DPN Treasurer,  
c/o AAE Foundation, 180 N. Stetson Ave., Suite 1500, Chicago, IL 60601-6710.

***DPN Annual Membership is January 1 through December 31.***