

7/6/15

Donation  
\$ 100

cn# 6369

# The Association of Army Dentistry

## Membership Form for 2015

Complete and Return with Payment To: Association of Army Dentistry  
914 P Street, NW  
Washington, DC 20001  
(202) 588- 5723  
assoc.army.dentistry@gmail.com

Preferred Title: Mr \_\_\_ Ms \_\_\_ Dr \_\_\_ Military Rank Col (Ret.)  
Name Michael — Paprik, Jr.  
First MI Last

Spouse Name \_\_\_\_\_

Date of birth 20 June 1925

Street Address \_\_\_\_\_

Date of death 19 Nov. 2014

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Landline (Home) \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Membership options: General \_\_\_ (\$25) Student\* \_\_\_ (\$10)

**Additional Donation:**

Porcelain (\$1,000 and above) \_\_\_\_\_ Gold (\$500-\$1,000) \_\_\_\_\_  
Composite (\$300-\$499) \_\_\_\_\_ Silver (\$100 to \$299) \_\_\_\_\_

**Total enclosed** \_\_\_\_\_

Optional demographic data that enables us to better serve you as a member of the organization.

\_\_\_ US Army  
\_\_\_ Other US government service (specify) \_\_\_\_\_

\_\_\_ Dental Corps; specialty or AOC \_\_\_\_\_

\_\_\_ Medical Service Corps

\_\_\_ Civilian, job title \_\_\_\_\_

\_\_\_ Enlisted/NCO (MOS or last job title) \_\_\_\_\_

\_\_\_ Family Member of Army dental individual \_\_\_\_\_

\_\_\_ Student enrolled at \_\_\_\_\_

The Association will publish a Directory of members that will include addresses, but not telephone numbers. It will be made available ONLY to current members. If you wish for your name NOT to appear in the Directory, please place an "X" in front of this paragraph.