2025 MPA DUES STATEMENT

Please return this statement with payment to the address below.

Private Practice - $250
Full Time Faculty - $125
Retired Members and Graduate Students are FREE

___ YES, I plan on attending the MPA meeting

___ I do NOT plan to attend the MPA meeting

___ I plan on bringing guests @ $75.00 each
(Please include names, addresses below)

** Please respond by November 30, 2024 **
Make checks payable to

MICHIGAN PERIODONTAL ASSOCIATION
Attn: Veronic Ng
6803 Dixie Hwy, Suite 1
Clarkston MI 48346

Name:_____

Address: _____

_____

Email: _____

GUEST NAME, EMAIL, and ADDRESS

1. _____

_____

2. _____

_____

3. _____

_____