

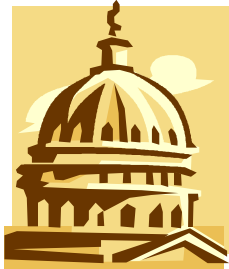


Dental Partners of Georgia PAC

MEMBERSHIP ENROLLMENT

- **YES! I care about maintaining the quality and integrity of dental care.**
- **YES! I want legislators to understand dental patient care issues; specifically, dentists who serve Georgia's Medicaid population.**
- **YES! I want to support the Dental Partners of Georgia PAC's plan to protect and preserve dental care in Georgia!**

I have enclosed the following contribution to assist the Dental Partners of GA PAC's efforts and wish to join the Dental Partners of GA PAC at the following membership level*:



- Chairman's Circle (\$2,000)**
- Benefactor (\$1,000)**
- Sponsor (\$500)**
- Patron (\$250)**

Name _____

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City _____ State _____ Zip _____

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**State law requires we use our best efforts to collect and report the name, mailing address and employer of contributors to the Dental Partners of Georgia PAC.

To learn more about Dental Partners of Georgia contact our Government Affairs Team:

Lasa Joiner ~ Phone (404) 299-7700 ~ lasaj@dentalpartnersga.com

Travis Lindley ~ Phone (770) 435-5586 ~ travis@dentalpartnersga.com

You may also visit the Dental Partners of Georgia, LLC website at <http://dentalpartnersga.com>.

Please mail this form to: 2814 Spring Road, Suite 210, Atlanta, GA 30339

Thank You for Your Support!

*Contributions may be accepted from individuals, businesses and corporations.