

Percentage of practice devoted to Endodontics _____ %

Endodontic Presentations and/or Publications:

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

Membership in Professional Organization (Yes or No)

American Dental Association _____ ADA Member No. _____

American Association of Endodontists _____ AAE Member No. _____

(on JOE mailing label)

If not, are you currently making an application? _____

Other Professional Societies:

E. Endorsements:

Sponsored by:

1. (Sign) _____ Date _____

(Print) _____

2. (Sign) _____ Date _____

(Print) _____

Chairman of the advanced education program (for Student Membership status only):

(Sign) _____ Date _____

(Print) _____

TO BE FILLED OUT BY THE STUDY CLUB

Recommendation of Membership Committee:

Information verified? Yes / No (Circle one)

Accepted / Rejected (Circle one)

Membership Chairperson: _____ Date _____

Action of Membership: _____ Date _____

Secretary: _____ Date _____

Fees received: _____ Date _____

Treasurer: _____ Date _____