

EDGAR D. COOLIDGE ENDODONTIC STUDY CLUB

APPLICATION for STUDENT MEMBERSHIP

Please complete the following:

1. Fill out the *two* page application form
2. Endorsement by two Active Members of the Study Club
3. \$125.00 required annual dues (checks made out to: EDC Endodontic Study Club)

Name: _____

E-Mail Address: _____ Name of Spouse: _____

A. Home Address:

_____ Phone _____

B. Education:

Pre-Dental:

_____ Dates _____

_____ Dates _____

Degrees _____

Dental:

_____ Dates _____

Postgraduate Dental Program:

_____ Dates _____

Postgraduate in Endodontics:

_____ Dates _____

C. Professional Activities:

Teaching (School or Hospital)

_____ Dept _____ Dates _____

_____ Dept _____ Dates _____

_____ Dept _____ Dates _____

D. Years in Private Practice:

_____ Dates _____

_____ Dates _____

_____ Dates _____

Percentage of practice devoted to Endodontics _____ %

Presentations and/or Publications:

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

Membership in Professional Organization (Yes or No)

American Dental Association _____ Student Member _____

ADA Member No. _____

American Association of Endodontists _____ Student Member _____

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 (Dues): _____ Date _____

Treasurer: _____ Date _____