

EDGAR D. COOLIDGE ENDODONTIC STUDY CLUB

APPLICATION FOR MEMBERSHIP

Please complete the following:

1. Fill out the two page application
2. Have application endorsed as noted in section G
3. Payment of annual dues through PayPal or by check (made out to: Coolidge Study Club)

Type of Membership (circle one): 1. Active (\$395.00) 2. Associate (\$395.00) 3. Student (\$125.00) 4. Military (\$325.00) 5. Disabled (\$325.00)
(required dues):

Name: _____

E-Mail Address: _____ Name of Spouse: _____

Percentage of practice devoted to Endodontics _____%

A. Office Address: if applicable, please list multiple offices

_____ Phone _____
_____ Phone _____

B. Home Address:

_____ Phone _____

C. Education:

Pre-Dental:

_____ Dates _____
_____ Dates _____

Degrees _____

Dental:

_____ Dates _____

Postgraduate Endodontic Program:

_____ Dates _____

E. Endodontic Presentations and/or Publications:

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

Meeting/Journal: _____ Date _____

D. Teaching Positions (School or Hospital):

_____ Dept _____ Dates _____
_____ Dept _____ Dates _____

F. Memberships in Professional Organizations:

American Dental Association _____ Student Member _____

ADA Member No. _____

American Association of Endodontists _____ Student Member _____

AAE Member No. _____

If not, are you currently making an application? _____

Other Professional Organizations:

G. 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 _____

Action of Membership: Accepted _____ Rejected _____ Date _____

Fees received (Dues): _____ Date _____

Membership Chairperson: _____ Date _____

Secretary: _____ Date _____

Treasurer: _____ Date _____