

EDGAR D. COOLIDGE ENDODONTIC STUDY CLUB

APPLICATION FOR LIFE or RETIRED MEMBERSHIP

I, _____, hereby make application to the Executive Council of the Edgar D. Coolidge Endodontic Study Club for the following status: (circle one)

Retired Membership: *a member who has been an active member for 10 consecutive years, is not practicing, and is not teaching.*

Life Membership: *a member who is at least 65 years old and has been an active member for 25 consecutive years.*

Retired: Yes _____ No _____

In practice or teaching: Yes _____ No _____

My birth date is: _____

I became a Coolidge Club member in: _____

Signature

Date

Permanent Mailing Address

City, State, Zip

Home Phone Number

E-Mail Address

Please return this completed form to the Membership Chair before the September dinner meeting. Retired or Life Membership becomes effective at the time of approval by the Executive Council.

Retired and Life Members are not required to pay annual dues. However, Retired and Life Members are requested to pay either a yearly-meeting assessment or a per-meeting assessment. Fees are determined by the Executive Council.