

# 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)

**Life Membership:** *a practicing, teaching, or retired individual who has been an Active Member of the Study Club for 25 consecutive years and has attained the age of 65.*

**Retired Membership:** *a member who has been an active member for 10 consecutive years, and is retired from the active practice of dentistry and/or teaching and does not qualify for Life Membership.*

Retired: Yes \_\_\_\_\_ No \_\_\_\_\_

In practice or teaching: Yes \_\_\_\_\_ No \_\_\_\_\_

My birth date is: \_\_\_\_\_

I became a Coolidge Club member in: \_\_\_\_\_

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Signature

Date

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Permanent Mailing Address

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City, State, Zip

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Home Phone Number

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E-Mail Address

Please return this completed form to the Membership Chair. 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.*