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 2. Associate 3. Student 4. Military 5. Disabled 6. Educator (required dues): $795 for Active and Associate, $195 for Student, and $395 for Military, Disabled, and Educator.

Name: _____
E-Mail Address: _____
Percentage of practice devoted to Endodontics _____%

A. Office Address:

_____ Phone _____

_____ Phone _____

B. Home Address:

_____ Phone _____

C. Education:

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_____