

**MEMBERS GROUP
OF THE
CHICAGO DENTAL SOCIETY**

NAME: _____
 LAST FIRST MI

RESIDENCE
ADDRESS: _____
 STREET CITY ZIP

OFFICE
ADDRESS: _____
 STREET CITY ZIP

TELEPHONE: _____
 DAY EVENING

DENTAL DEGREE: _____
 SCHOOL ATTENDED DATE DEGREE

POSTGRADUATE
GRADUATE DEGREE: _____
 SCHOOL ATTENDED DATE DEGREE

YEARS IN GENERAL PRACTICE: _____ DATES: _____

YEARS IN SPECIALTY PRACTICE: _____ DATES: _____

RULES AND REGULATIONS GOVERNING APPLICANTS MEMBERSHIP

- 1. Applicants for membership are eligible to attend social and scientific meetings of the group, while their application is pending.**
- 2. Applicants shall not be entitled to voice or vote in the affairs of the group until accepted into membership.**
- 3. Applicants will be affiliated with a branch group of the component branches of the Chicago Dental Society to which they have been assigned.**
- 4. Dues for the current year must accompany this application: New members admitted into membership on or after the May meeting shall be paid up for the ensuing year.**

In submitting this application I promise to abide by the Constitution and By-Laws and rules and regulations and to subscribe to the principles and objectives of the MEMBERS GROUP.

APPLICANT'S SIGNATURE: _____

ENDORSEMENTS:

1. _____
 NAME ADDRESS BRANCH
2. _____
 NAME ADDRESS BRANCH

(The completed application should be returned to the Secretary of the Members Group)

Executive Council

Action: _____

Date: _____