



## LIFE MEMBER APPLICATION

I, Dr. \_\_\_\_\_, submit to the Southern Endodontic Study Group that I have been an active member of the SESG for 20 years and have reached my 65<sup>th</sup> birthday and/or have become disabled.

My birthdate is: \_\_\_\_\_. I became an SESG member in \_\_\_\_\_.

### SESG Life Members:

- still earn an income from dentistry, consulting, or lecturing
- payment of SESG dues is voluntary
- remit annual meeting registration fees

Any other information the SESG Steering Committee needs to assist with reviewing this affidavit:

Please sign below to verify your status meets the requirements set forth by the SESG Bylaws. This affidavit will be considered at the next SESG Steering Committee meeting. **Also, if your address/email has changed, please indicate below.** Thank you.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Marlinda Fulton  
Executive Director

\_\_\_\_\_  
Date

Do you have a new address or email? Please write below:

Return this form to by faxing: 813-388-6098 or email – [sesg10@tampabay.rr.com](mailto:sesg10@tampabay.rr.com)