



## APPLICATION FOR MEMBERSHIP

NAME: \_\_\_\_\_  
(Last) (First) (Middle)

OFFICE: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

HOME: Street: \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_  
Email: \_\_\_\_\_

SPOUSE: \_\_\_\_\_ CHILDREN: \_\_\_\_\_

I prefer to receive SESG correspondence at: ( ) Office ( ) Home

### EDUCATION:

Dental School or College: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate School or Specialty Program: \_\_\_\_\_

Year of Graduation: \_\_\_\_\_ Degree or Certificate: \_\_\_\_\_

Other Major Programs: \_\_\_\_\_

TYPE OF PRACTICE: ( ) General Practice ( ) Limited Practice ( ) Academic/Research  
( ) Retired ( ) Solo ( ) Group

### CURRENT MEMBERSHIPS:

( ) American Dental Association  
( ) American Association of Endodontists (required for this application)  
( ) Diplomate of the American Board of Endodontists  
( ) Other \_\_\_\_\_

**CURRENT STAFF OR FACULTY APPOINTMENTS:**

Dental School or College: \_\_\_\_\_

Title: \_\_\_\_\_

Hospitals: \_\_\_\_\_

Title: \_\_\_\_\_

**PUBLICATIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ENDODONTIC LECTURES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

HOW DID YOU LEARN ABOUT THE SESG? \_\_\_\_\_

APPLICANT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Please make check out to SESG for \$125.00 (\$25.00 application fee & \$100 Annual Dues) and return to:

**SESG**  
**P.O. Box 7075**  
**Wesley Chapel, FL 33545**  
**(813) 541-4056      SESG10@tampabay.rr.com**

Please do not write below.

-----  
**Membership Committee Signatures:**

- 1. \_\_\_\_\_ Chairman
- 2. \_\_\_\_\_ Secretary/Treasurer
- 3. \_\_\_\_\_

Approved by Membership Committee: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Approved by General Membership: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_