



RETIRED 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 65th birthday and I have completely retired from teaching, consulting*, lecturing* and/or practice or teaches voluntarily or for a small stipend.

My birthdate is:_____. I became an SESG member in _____.

*The following constitute consulting or lecturing activities which would preclude eligibility for Retired Membership:

1. Receives more than \$10,000 annually from consulting or lecturing activities relating to endodontics or dentistry.
2. Has an ownership or other direct relationship with an endodontic or dental company.

The above language does not include lecturing at your alma mater or school(s) near your home and lectures to students at any dental school or endodontic training program.

SESG Retired Life Members:

- are fully retired from the practice of dentistry
- payment of SESG dues is voluntary
- pay 50% of annual meeting registration fees (this excludes golf and any other extracurricular meeting activity of which a separate fee is charged)

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 Life 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