



New England Dental Society Membership Application

I, _____, do hereby apply for active membership in the above Society, and should my petition be granted, I promise cheerful compliance to the Constitution and By-Laws of said New England Dental Society.

Office Address: _____

City: _____ State: _____ Zip: _____

Dental School: _____ Year: _____

Licensed to practice dentistry in:

CT ME MA NH RI VT Since: _____

You must be a member of the ADA and your state dental society or association to be a member of the New England Dental Society.

Signed: _____ Date: _____

Each applicant for membership shall deposit \$50.

This sum will be refunded if the applicant is denied.

Make fee payable to:

The New England Dental Society

Send to:

Dr Richard Berryman - Treasurer

18 Foxcross Circle

, Concord, NH 03301