

# Eastern Dental Society

## Membership Application

NAME: \_\_\_\_\_

OFFICE ADDRESS:

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

HOME ADDRESS

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

PHONE

OFFICE \_\_\_\_\_

HOME \_\_\_\_\_

FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

DENTAL SCHOOL AND DEGREE

\_\_\_\_\_

YEAR OF GRADUATION \_\_\_\_\_

Mail to:

Dr. Charles Gemmi  
New Membership Chairman  
Eastern Dental Society  
2137 Welsh Road  
Suite 1B  
Philadelphia, PA 19115

Make check payable to *Eastern Dental Society for \$55*