

DDCC APPLICATION FOR MEMBERSHIP

THE DETROIT DENTAL CLINIC CLUB

Sharing excellence in dentistry since 1914
www.DetroitDentalClinicClub.com

Objectives of the Detroit Dental Clinic Club are Sharing Excellence in Dentistry, Mutual Improvement Among Dentists and Participation in Organized Dentistry. Our members believe that an informed profession is able to provide the best possible service to the public. We believe that the Clinic Club method is the best and most economical way of disseminating up-to-date information. Applications must be accompanied by the \$75.00 application fee. Attach additional pages or curriculum vitae, if necessary.

1. PUBLISHED LISTING (directory & website)

Directory Listing

Name _____
Address _____
State/Province _____ Zip Code _____
Office Phone _____
Home Phone _____
Fax Phone _____
Email _____
Web Site _____

2. PREFERRED MAILING ADDRESS

___ *Check if same as the Published Listing*

Name _____
Address _____
State/Province _____ Zip Code _____
Office Phone _____
Home Phone _____
Fax Phone _____
Email _____
Web Site _____

3. SECTION (choose only one)

___ No Section Preference
___ Restorative Dentistry ___ Periodontal
___ Practice Administration ___ Implant
___ Orthodontics ___ TMJ and Facial Pain

4. PROFESSIONAL REFERENCES

Dental Schools Attended:
Dental Degree _____ Year _____
Graduate Degree _____ Year _____
Specialty _____
Licensed in the state of _____

5. INVITATIONAL MEMBER NOMINATION

Invited to membership by _____
___ Dues paid Date: _____
___ Member of the American Dental Association
___ Membership Application submitted to Section director
Section Director _____

6. ACTIVE MEMBER NOMINATION

Invited to membership by _____
___ Member of the American Dental Association
___ Membership Application submitted to Section director
Section Director _____

7. MEMBERSHIP IN PROFESSIONAL & COMMUNITY ORGANIZATIONS

8. PROFESSIONAL PRESENTATIONS (List most recent first.)

9. PROFESSIONAL PUBLICATIONS (List most recent first.)

10. ORGANIZATIONAL LEADERSHIP POSITIONS HELD (List most recent first.)

11. AGREEMENT

- An Application is acceptable only when completed, signed, and accompanied by the appropriate application fee **(\$75 / year)**.
- My signature below authorizes the DDCC to verify the accuracy of any of the information provided in or as part of this application.
- I desire to become a member of the Detroit Dental Clinic Club, and have carefully read its Constitution and Bylaws, hereby promise, if admitted to membership, to endeavor to further the objectives of this Club, as stated in Article II of the Constitution.

Signature: _____

Date : _____

Return completed Application Form to Membership Secretary:

Dr. Oliver Marcotte
5905 Wing Lake Road
Bloomfield Hills, MI 48301