



To candidates for membership...

Dear Doctor,

You are being considered as a potential member of the Dental Forum of Milwaukee. For over seventy five years, the Dental Forum has been recognized as a general practice-oriented organization, offering quality continuing education programs which span a wide range of topics and disciplines in dentistry and related fields.

To maintain this tradition and identity, proposed candidates for membership are expected to demonstrate an interest in, and a commitment to, a broad range of dental continuing education.

Candidates for membership must accept the necessity for full attendance of meetings. Our Bylaws require regular attendance, with the possible loss of membership privileges if more than two scientific meetings are missed in one program year.

Please understand that, with the honor of being invited to join a select group comes the responsibility for your active involvement in the group, assuming various tasks and committee assignments which are critical to our continued viability.

The attached questionnaire is the only document that will be considered from candidates for membership. Please complete it, summarizing, if necessary, to limit your CV or resume to the document enclosed.

If you desire to be considered for Dental Forum Active Membership, please read and sign the "Understanding" below.

Understanding

I understand that the Dental Forum is a limited membership organization, and that this application for membership does not ensure an invitation at this time.

I am very interested in becoming an Active Member of the Dental Forum . I am interested in a broad range of dental continuing education, and I will commit to regular and full attendance at meetings and participate in all activities of the Forum.

I understand that Forum Bylaws mandate full attendance at scientific meetings, and that missing more than two scientific meetings in a program year can result in loss of membership.

Signature

Date

PARTICIPATION IN DENTAL CONTINUING EDUCATION

(please include specific courses attended in last three years)

ATTENDANCE AT DENTAL FORUM MEETINGS

(as guest or clinician, dates)

WHY DO YOU WISH TO BECOME AN ACTIVE MEMBER OF THIS ORGANIZATION?

SPONSORED BY:

	(Primary Sponsor)
(Active Member)	(Active Member)
(Active Member)	(Active Member)

DATE REVIEWED BY MEMBERSHIP COMMITTEE: