****

**MEMBERSHIP FORM 2020-2021**

 **NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **TELEPHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **MEMBERSHIP STATUS (check one)**

 **ACTIVE - $200.00**

 **STUDENT - $200.00**

 **INACTIVE - $10.00**

 **RETIRED - $10.00**

(Individual approval by executive council required)

 **AMOUNT ENCLOSED $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Checks should be made payable to:***

**EDWARD C. PENICK ENDODONTIC STUDY CLUB**.

**RETURN FORM WITH CHECK TO: OR EMAIL FORM WITH ELECTRONIC PAYMENT TO:**

Dr. Julian Moiseiwitsch

5225 Wisconsin Ave NW
Suite #303
Washington DC 20015

### Email Form: secretary@penickstudyclub.com

ZELLE Account:

202-255-5056

Drm@dcendodontics.com