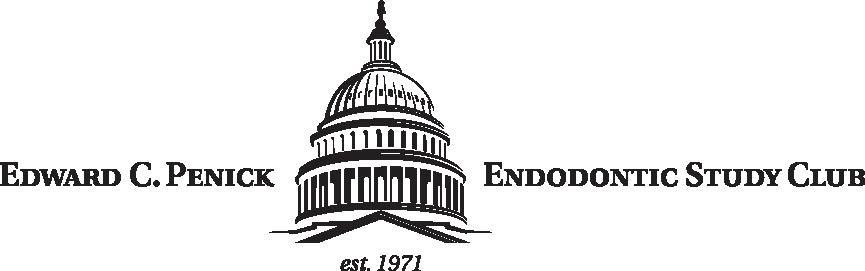
****

**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](mailto:Drm@dcendodontics.com)