



[MEMBERSHIP APPLICATION - Life Status]

Life membership may be granted, at the discretion of the Council, to Active or Fellowship members in good standing who, because of age or health, have retired permanently from active practice and who have attained 70 years of age, and who have applied for transfer to Life membership status. The applicant shall have been a member in good standing for ten years preceding.

Application Date: _____ Date Received by Admissions Chair: _____

Applicant's Complete Formal Name: _____

Preferred Name: _____

Reason for Application: (Retired, Medical, Age 70 etc.) _____

Year of Dental Graduation: _____

School of Graduation: _____

Applicant's Business Address:

Applicant's Bus. Phone: _____

Applicant's Home Phone: _____

Applicant's Fax No.: _____

Applicant's E-Mail: _____

Number of Years in Practice: _____

G.P. or Specialist (list specialty): _____

Number of Years in Teaching: _____

Position: _____

Institution: _____

Age: _____

Birth date: _____

Date of Termination From Practice or Teaching: _____

Number of Years of Membership In The Academy: _____

State Date That You Became a Member: _____

Number of CARDP Meetings Attended (indicate which years): _____

I certify the above information to be true and correct.

Applicants Signature (or Digital Signature)

Submit form to Dr. Denis Beauschesne @ dqberf@sympatico.ca Or David Alexander @ info@cardp.ca