

**THE MICHIGAN ACADEMY OF PEDIATRIC DENTISTRY
MEMBERSHIP APPLICATION**

Please type or print

Date _____

I hereby make application for membership in the Michigan Academy of Pediatric Dentistry and submit the following data for the use of the Membership Committee in accordance with its rules and regulations:

Type of Membership: Active Associate Life Honorary
 Faculty
 Retired International Predoctoral Student
 Postdoctoral Student Affiliate Inactive

Name _____

Date of Birth _____

Office Address _____

Phone () _____

Home Address _____

Phone () _____

Spouse's Name _____

Email _____

Please submit a copy of your current curriculum vitae making sure it contains the following information.

Pre-Dental Education: Institution, Dates, and Degrees

Dental Education: Institution, Dates, and Degrees

Graduate Education: Institution, Dates, and Degrees

Honorary Degrees or Societies

Hospital Internship: Institution and Dates

Hospital Appointments: Institution and Dates

Special Hospital or Clinic Work: Institution and Dates

Dental or Other Post-Graduate Training: Institution, Dates and Degrees

Faculty Appointment(s): Institutions, Dates, and Duties

Other Dental Society Memberships

Scientific Papers Published

Lectures or Clinics Presented

Length of Time In: General Practice _____

Where _____

Length of Time In: Pediatric Dentistry _____

Where _____

Please enclose a photocopy of the following credentials:

State of Michigan License Number _____

Michigan Specialty License Number _____

A.D.A. Membership Number _____

A.A.P.D. Membership Number _____

Applicant's Signature: _____

This form should be accompanied by a check for \$250.00 which is \$200 for first years dues and \$50.00 application fee.
Pre & Post Doctoral students submit no fee, fees are waived for this category.
Faculty should submit \$100.00 which is \$50.00 for first years dues and \$50.00 application fee.

Make all checks payable to:
Michigan Academy of Pediatric Dentistry

Please send to:
Dr. Martin J. Makowski
39400 Garfield Road, Suite 200
Clinton Township, MI 48038
Phone 586-286-0700 Fax 586-286-5932
drmak226@aol.com

DO NOT WRITE IN THIS AREA	<u>MEMBERSHIP COMMITTEE</u>
1) _____	
Date _____	
2) _____	
Date _____	
3) _____	
Date _____	