

Francis B. Vedder Society of Crown and Bridge Prosthodontics  
**Application for Membership**

Completed application can be sent as an email attachment to:  
**FBVEDDERSOCIETY@GMAIL.COM**

Procedure for membership:

1. Complete this application form and submit it to the Membership Chair.
2. The applicant needs to have two sponsors that are current members write letters of recommendation and submit them to the Membership Chair.
3. Membership dues are not required at this time.
4. Applications will be acted upon by the Executive Board at its November meeting.

Membership requirements:

1. Attendance as a guest at two regular meetings of the Society within a two year period or by the presentation of a table clinic or lecture before the Society.
2. Attendance at postgraduate or graduate courses equivalent to a minimum of five days (40 hours). The course or courses must be in the field of Crown and Bridge Prosthodontics or other closely related fields acceptable to the Executive Board. Attendance as a guest at regular meetings of the F. B. Vedder Society does not qualify for the five day (40 hours) course requirement. Candidates actively teaching Crown and Bridge Prosthodontics at a School of Dentistry shall automatically be considered for membership.
3. Annual Dues for active members are \$250

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name of School of Dentistry or Dental Technology Program attended:

\_\_\_\_\_

Date of graduation \_\_\_\_\_

Degrees Held: \_\_\_\_\_

Names and address of active members sponsoring the applicant:

1. \_\_\_\_\_
2. \_\_\_\_\_

Is applicant an instructor at a dental school? \_\_\_\_\_ if yes name of School and Dept. \_\_\_\_\_

Does the applicant hold a graduate degree in Fixed Prosthodontics? \_\_\_\_\_ if yes name of School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

Dates of Vedder Society meetings attended as a guest (list year and location):

1. \_\_\_\_\_
2. \_\_\_\_\_

Postgraduate Studies (attach current AGD transcript if a member):

1. Course title and location:

\_\_\_\_\_ Date \_\_\_\_\_ Hours of CE \_\_\_\_\_

2. Course title and location:

\_\_\_\_\_ Date \_\_\_\_\_ Hours of CE \_\_\_\_\_

3. Course title and location:

\_\_\_\_\_ Date \_\_\_\_\_ Hours of CE \_\_\_\_\_

4. Course title and location:

\_\_\_\_\_ Date \_\_\_\_\_ Hours of CE \_\_\_\_\_

Teaching experience \_\_\_\_\_ Years \_\_\_\_\_

Private Practice \_\_\_\_\_ Years \_\_\_\_\_

\_\_\_\_\_  
Signature of the applicant

mail or email application as attachment or fax to

Membership Chair

**FBVEDDERSOCIETY@GMAIL.COM**

**Fax: 586-263-9409**

**Kathee Pascoe**

**42603 Garfield Rd.**

**Clinton Township, MI 48038**