

Francis B. Vedder Society of Crown and Bridge  
Prosthodontics

**Application for Membership**

Procedure for Membership:

1. Complete this application form and submit to membership chair by November 1st.
2. All applications will be presented for approval at the November Board meeting.
3. Induction of new members will take place at the Spring meeting.
4. Membership dues are not required at this time.

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Office phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Degree \_\_\_\_\_ Date of Graduation \_\_\_\_\_

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

Return application to Membership Chair:

Shary Henderson, D.D.S.

1200 S. Livernois Rd.

Rochester Hills, MI 48307

[sharyhendersondds@gmail.com](mailto:sharyhendersondds@gmail.com) (248)-652-1600

