



Application Form

Life Fellowship/ Membership

Should you have fully retired from active practice and no longer earning any income from dentistry, you may be eligible for Life Fellowship/ Membership with The Royal College of Dentists of Canada. Please complete this form to notify the College of your interest to apply for Life Fellowship/ Membership.

First Name:	Last Name:
E-mail Address:	
Mailing Address:	
Phone:	Fax:
Any other details that you wish to include:	
<input type="checkbox"/> I confirm that I have retired full-time from active practice as of the ____ day of _____, 20____, and would therefore like to apply for Life Fellowship/ Life Membership with The Royal College of Dentists of Canada.	
Date:	Signature:

<u>For Office Use Only</u>	
Member Type:	Standing:
<input type="checkbox"/> Fellow	<input type="checkbox"/> Active
<input type="checkbox"/> Member	<input type="checkbox"/> Suspended