

## GROSSMAN STUDY CLUB MEMBERSHIP APPLICATION

*Last Name:* \_\_\_\_\_

*First Name:* \_\_\_\_\_ *Middle Initial:* \_\_\_\_\_ *Gender:* [ ]M [ ]F

*Address:* \_\_\_\_\_ [ ]Home [ ] Office

*City:* \_\_\_\_\_ *State:* \_\_\_\_\_ *Zip Code:* \_\_\_\_\_

*Office Phone#:* \_\_\_\_\_ *Home Phone#:* \_\_\_\_\_

*Fax:* \_\_\_\_\_ *E-mail Address:* \_\_\_\_\_

*Dental School:* \_\_\_\_\_

*Year of Graduation:* \_\_\_\_\_

*Specialty School:* \_\_\_\_\_

*Year of Graduation:* \_\_\_\_\_

### Membership Categories

☞ *Lifetime Member:*

\$ 125.00

☞ *Annual Membership for*

*Practitioner:* \$ 375.00

*Current Student/Resident:* \$ 175.00

☞ *Per Lecture Fee for*

*Practitioner:* \$ 105.00

*Current Student/Resident:* \$ 50.00

**Payment Options: \_\_\_ Check \_\_\_ Credit Card**

*To pay with a check, make check payable to: Grossman Study Club and mail with filled application to:*

Grossman Study Club  
Attn: Dr. Benedict Bachstein  
7 Hamilton Circle  
Philadelphia, PA 19130

*To pay with a credit card, please provide the following information:*

- Visa*
- Master Card*
- American Express*
- Discover*

*Credit Card #:* \_\_\_\_\_ *Expiration Date:* \_\_\_\_\_

*Credit Card Holder's Name:* \_\_\_\_\_

*Signature:* \_\_\_\_\_

*And mail along with filled application to:*

Grossman Study Club  
Attn: Dr. Dr. Benedict Bachstein  
7 Hamilton Circle  
Philadelphia, PA 19130