

439 B Katherine Drive Flowood, MS 39232-9781 T 601.664.9691 F 601.664.9796 msdental.org

## 2020-2021 STUDY CLUB REGISTRATION FORM

Name of Study Cl	ub:	
Location of Regul	arly Scheduled Meetings:_	
<b>How Often Does t</b>	he Study Club Meet: 🔲 N	Monthly   Quarterly
Calendar Year of	this Application: July 1st,	2020 through June 30th, 2021 (Concurrent with MDA fiscal year)
Scheduled Meetin	g Dates for Upcoming Yea	r (please note if planned at this time):
July	November	March
August	December	April
September	January	
October	February	June
Current Study Cl	ub Officers, Leaders or Pri	imary Contacts:
1) Office/Position:(ex: President, Secretary, etc.)		2) Office/Position:(ex: President, Secretary, etc.)
Name:		Name:
Address:		Address:
City:	Zip:	City: Zip:
Phone:		Phone:
E-mail:		E-mail:

NOTE: The calendar year for registration renewal is concurrent with the MDA fiscal year, July  $1^{st}$  through June  $30^{th}$ . A check in the amount of \$150.00 should be submitted to cover the annual fee.