

## **Implant Restorative Study Club – Membership Form**

Please provide us with current contact information.

All IRSC invitations will be sent by email. Confirmation calls will be made prior to each meeting.

Yearly membership commitment is \$100 per person. Please complete the attached membership form and make check payable to: **Prosthodontics of Central Indiana** and mail to: 11405 N. Pennsylvania St., Suite 110, Carmel, IN 46032.

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

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

Practice Email Address(es): \_\_\_\_\_

Personal Email Address(es): \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_