

Graduate Student Membership Application

Graduate student membership is available in the American Dental Association to any dentist who is engaged full-time in a residency or advanced education program of not less than one academic year's duration.

Please complete all sections of this application. Please print or type all information.

Personal Information

ADA ID Number _____ SSN _____ Date of Birth _____
MM / DD / YYYY
Name _____
First Last Middle Male Female
Mailing Address _____ Spouse's name _____ Is spouse a dentist? yes no
City _____ Daytime Phone (_____) _____
State/Zip _____ Fax (_____) _____
E-Mail Address _____ Is this address your: home office

Branch Of Service/verification of Service

Are you in the Federal Dental Service? Yes No If yes, please check your branch of service below

U.S. Air Force U.S. Army U.S. Navy U.S. Public Health Service U.S. Civil Service Veterans Affairs

Verification of Service Please attach a photocopy of your federal I.D. Federal I.D. Enclosed In-Service Date _____
MM / DD / YYYY

Previous Education

Dental School _____ Graduation Date _____
MM / DD / YYYY
Country of Dental School _____
 Copy of dental school diploma enclosed Graduation Date _____
MM / DD / YYYY
Previous Advanced Education Program _____
school/hospital
city/state country Degree _____
Specialty
Please check one: Endo. Ped. Dent. Perio. Public Health Prostho. Ortho. Oral Path. Oral Surg. Oral & Max. Rad. Other _____

Current Advanced Education Program

School/Hospital _____ Address _____
City/State _____ Country _____
Specialty Please check one: Endo. Ped. Dent. Perio. Public Health Prostho. Ortho. Oral Path. Oral Surg. Oral & Max. Rad.
 Other _____ Is this program a Dental Program Medical School Other _____
Program Start Date _____ Completion Date _____
MM / DD / YYYY MM / DD / YYYY
Do you have a U.S. License Yes No If yes, state of license _____ License number _____

Program Verification/registrar's Stamp

IMPORTANT: This section MUST be completed before your application can be processed.

This is to verify that the above dentist is currently enrolled full-time in the above advanced education program.

Signed _____ Program Start Date _____
Dean's Signature or Registrar's Stamp Here MM / DD / YYYY

Payment

Graduate Student Membership dues are \$30.00 for the 2009 membership year.

Enclosed is my check for membership dues

Please charge my dues to the following: Visa MasterCard American Express Card # _____

Signature _____ Expiration Date _____
MM / DD / YYYY

Applicant Signature

I hereby apply for graduate student membership in the American Dental Association and resolve to abide by the Bylaws and the Code of Ethics and Professional Conduct if accepted into membership.

Signed _____ Date _____

Please return your completed form to the Department of Membership Information at the above address. Your application and credit card payment may also be faxed to: 312-440-2898.

Membership in the American Dental Association is based on a calendar year from January to December. There is no charge for student member's subscription to The Journal of the American Dental Association and the ADA News.

United States Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses that they incur by engaging in lobbying, as defined in the law. Accordingly, only that portion of an associations' member's dues not attributable to lobbying activities remains deductible as an ordinary and necessary business expense. The law requires associations to provide their members with a reasonable estimate of the non-deductible percent of their dues attributable to lobbying activities. For 2009, 9.0% of a member's ADA dues (including dues and special assessments) are allocated to lobbying expenses (\$3.00 for members paying Graduate student dues of \$30.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.