

# Retired Affidavit

Please print or type all information.

## To Be Completed by the Member Dentist

**Retired Membership** is available to an active member in good standing who has been an active member and is now a retired member of a constituent society, if such exists, and is no longer earning an income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required by the state.

**Retired Life Membership** is available to a member who meets the above requirements for retired membership and who meets the requirements for life membership. Life membership is available to a member who has been a member for 30 consecutive years or 40 total years, and has attained age 65 and is a member in good standing. Life membership is effective the calendar year following the year in which these requirements are fulfilled.

I, Dr. \_\_\_\_\_, \_\_\_\_\_,  
(ADA ID Number)

desiring to be elected to:  Retired Membership  Retired Life Membership in the American Dental Association state

that I am currently a member in good standing of the \_\_\_\_\_,  
(Constituent Dental Society or Branch of Service)

and that I was born \_\_\_\_\_ and have retired from the practice of dentistry effective \_\_\_\_\_, and  
(MM/DD/YYYY) (MM/DD/YYYY)

I am no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

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

Current Mailing Address			Phone (include area code)
City	State	Zip	Is this your: <input type="checkbox"/> Home <input type="checkbox"/> Office
Permanent Email Address			
New mailing address (optional)			Phone (include area code)
City	State	Zip	Starting date for new address (MM/DD/YYYY)

Please send your completed form to your local dental society. They will forward it to your state society, who will return it to the ADA. Contact information for state and local societies is available at [ADA.org/societydirectories](http://ADA.org/societydirectories).

## To Be Completed by the Constituent and Component Societies

The \_\_\_\_\_, and the \_\_\_\_\_,  
(Constituent Dental Society) (Component Dental Society)

certify that the above applicant is a member in good standing for \_\_\_\_\_ and is now a retired member of these societies.  
(Year paid)

Number of years' membership in Constituent Society:	
Signature of Constituent Executive Director:	Signature of Component Executive Director:

## ADA Use Only

Member Year	Current Status	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Returned for more information <input type="checkbox"/> Letter Sent
History Check	<input type="checkbox"/> Practice	<input type="checkbox"/> Address	<input type="checkbox"/> Dues Detail <input type="checkbox"/> Biographical <input type="checkbox"/> Category