

Graduate Student/Resident 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. You may also apply online at ADA.org/join.

Personal Information

Name (First) (Last) (Middle)			<input type="checkbox"/> Male	<input type="checkbox"/> Female
ADA ID Number (if known)			Date of Birth (MM/DD/YYYY)	
Spouse's Name (optional)			Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address			Daytime Phone (include area code)	
City	State	Zip	Fax (include area code)	
Email Address			Is this address your: <input type="checkbox"/> Home <input type="checkbox"/> Office	

Branch of Service/Verification of Service

Are you in the Federal Dental Service? <input type="checkbox"/> Yes <input type="checkbox"/> No		In-Service Date (MM/DD/YYYY)		
If yes, please check your branch of service below:				
<input type="checkbox"/> U.S. Air Force	<input type="checkbox"/> U.S. Army	<input type="checkbox"/> U.S. Navy	<input type="checkbox"/> U.S. Public Health Service	<input type="checkbox"/> Veterans Affairs
<input type="checkbox"/> Other: _____ Agency: _____				

Previous Education

Dental School <input type="checkbox"/> Copy of dental school diploma enclosed	Country	Graduation Date (MM/DD/YYYY)
Previous advanced education program: (school/hospital)		Graduation Date (MM/DD/YYYY)
City/State	Country	Degree
Specialty: Please check one <input type="checkbox"/> Endo. <input type="checkbox"/> Ped. Dent. <input type="checkbox"/> Perio. <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Ortho. <input type="checkbox"/> Oral Path. <input type="checkbox"/> Oral Surg. <input type="checkbox"/> Oral & Max. Rad. <input type="checkbox"/> Other: _____		

Current Advanced Education Program

School/Hospital	City	State	Country
Address			
Specialty: Please check one <input type="checkbox"/> Endo. <input type="checkbox"/> Ped. Dent. <input type="checkbox"/> Perio. <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Ortho. <input type="checkbox"/> Oral Path. <input type="checkbox"/> Oral Surg. <input type="checkbox"/> Oral & Max. Rad. <input type="checkbox"/> Other: _____		Is this program a: <input type="checkbox"/> Dental Program <input type="checkbox"/> Medical School <input type="checkbox"/> Other: _____	
Do you have a U.S. License? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, state of license: _____ License Number: _____	
		Program Start Date (MM/DD/YYYY)	Completion Date (MM/DD/YYYY)

Program Verification/Registrar's Stamp

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

Signature: Dean's Signature or Registrar's Stamp here.	Program Start Date (MM/DD/YYYY)
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Payment

Graduate student membership dues are \$30.00 for the current membership year.	<input type="checkbox"/> Please charge my dues to the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express
<input type="checkbox"/> Enclosed is my check for membership dues	Card # _____ Security Code _____ Expiration Date _____
Signature _____	

Applicant Signature

I hereby apply for graduate student membership in the American Dental Association and resolve to abide by the Bylaws and the Principles of Ethics and Code of Professional Conduct if accepted into membership. You may review the bylaws and code at ADA.org/ethicsconduct .	
Signature	Date (MM/DD/YYYY)

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 ADA is based on the calendar year from January to December. There is no charge for student members' 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 association's 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 2014, 7.5% of a member's ADA dues are allocated to lobbying activities (\$2.25 for members paying Graduate Student dues of \$30.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.