

International Membership Application

Dentists who are licensed to practice dentistry in a state, the District of Columbia, the Commonwealth of Puerto Rico or a dependency of the U.S., practicing outside of the United States, who are not eligible for membership in a constituent and component dental society, may join the ADA directly as international members.

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

Personal Information

ADA ID Number _____ SSN _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Name _____
First Last Middle Male Female

Spouse's name _____ Is spouse a dentist? Yes No

Office Address (Must be outside the U.S.) _____ Alternate Address _____

Street _____ Street _____

City _____ City _____

State/Province _____ State/Province _____

Postal Code _____ Postal Code _____

Country _____ Country _____

Is this address your Home Office Is this address your Home Office

Phone # _____ Fax _____ Phone # _____ Fax _____

E-Mail Address _____

Please indicate if you prefer to have mail sent to your: Permanent Address Alternate Address

Biographical Information

Dental School _____ Country _____ Date of Graduation _____ / _____ / _____ Type of degree _____
MM DD YYYY

Graduate School _____ Country _____ Date of Graduation _____ / _____ / _____ Type of degree _____
MM DD YYYY

Copy of dental school diploma enclosed

Specialty: Endo. Ped.Dent. Perio. Public Health Prostho. Ortho. Oral Path. Oral Surg. Oral & Max.Rad. Other _____

Do you have a U.S. license? Yes No State of license _____ License number _____

Payment

Enclosed is my check for membership dues Amount Enclosed \$ _____ for the 2010 membership year

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

Card # _____ Expiration Date _____ / _____ / _____
MM DD YYYY

Signature _____

Applicant Signature

I hereby apply for international membership in the American Dental Association and resolve to abide by the *Bylaws* and *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 ADA is based on the calendar year from January to December. ADA dues allocation to JADA, \$25.00; to ADA News, \$8.00, and is not deductible from the dues amount. Add \$100.00 for expedited airmail service for JADA if desired, if residing in any country except for Canada and Mexico.

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 2010, 8.6% of a member's ADA dues are allocated to lobbying activities. (\$43.00 for members paying the full active dues of \$498.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.