

# 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 practise 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
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.

## 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