

## Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

**Thank you for your interest in becoming a member of organized dentistry.** The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice; your state or local society may request additional information. For complete information regarding the *Bylaws* and the *Principles of Ethics* and *Code of Professional Conduct* of the ADA which govern the professional conduct of members, please see our website at <http://www.ada.org/ada/governance/index.asp>. A list of state dental societies accompanies this application.

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

### Personal

ADA Number \_\_\_\_\_ Degree  DMD  DDS  Other \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle Alias/Previous/Maiden

### Primary Office Address

Street \_\_\_\_\_ Social Security number \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

Suite # \_\_\_\_\_ Sex  M  F

City \_\_\_\_\_ Please indicate if you prefer to have mail sent to:

State/Zip/County \_\_\_\_\_  Office  Home

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Please indicate if you prefer to have e-mail sent to:

E-Mail \_\_\_\_\_  Office  Home

### Home Address

Street \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_

State/Zip/County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse Name \_\_\_\_\_  
First Last Middle Alias/Previous/Maiden

Is spouse a dentist?  Yes  No If an ADA member encouraged you to join, please indicate their name and state \_\_\_\_\_

### Biographical

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Country \_\_\_\_\_

Advanced Education Program \_\_\_\_\_

Completion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Certificate/Degree \_\_\_\_\_  
MM DD YYYY

Do you have a degree or certificate in an ADA recognized specialty?  Yes  No If yes, which specialty?

Endodontics  Pediatric Dentistry  Periodontics  Public Health  Prosthodontics  Orthodontics and Dentofacial Orthopedics

Oral & Maxillofacial Pathology  Oral & Maxillofacial Radiology  Oral & Maxillofacial Surgery

Is your practice limited to one of the above specialties?  Yes  No If yes, which specialty? \_\_\_\_\_

*Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.*

Please indicate if practicing in, or looking for:

Solo  Group  Partnership  Associateship  Clinic  Faculty  Federal Dental Service  Other \_\_\_\_\_

If practicing in other than a solo practice, please indicate the group or practitioner's name and location:

Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Please indicate if licensed:  Presently  License pending \_\_\_\_\_

If licensed please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.

## Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

### Personal Background

Have you ever been denied a dental license?  Yes  No If yes, in what state? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever had your license suspended or revoked?  Yes  No If yes, in what state? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever been censored, suspended or expelled by a dentally related organization (i.e., dental society)?  Yes  No

If yes, in what state \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? (A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.)  Yes  No

If yes, please describe (include dates, offenses and penalties): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Applicant Signature

I hereby apply for tripartite membership in the American Dental Association and resolve to abide by the *Bylaws and Principles of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card below, my signature authorizes payment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
MM / DD / YYYY

### To Be Completed By Society:

#### Constituent Society

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date approved or disapproved \_\_\_\_\_  
MM DD YYYY

Approval signature \_\_\_\_\_ Approval name \_\_\_\_\_

#### Component Society

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date approved or disapproved \_\_\_\_\_  
MM DD YYYY

Approval signature \_\_\_\_\_ Approval name \_\_\_\_\_

#### Dues Section

ADA ..... \$ \_\_\_\_\_ Method of payment \_\_\_\_\_

Constituent ..... \$ \_\_\_\_\_ Credit card number \_\_\_\_\_

Misc. .... \$ \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Misc ..... \$ \_\_\_\_\_ Name on credit card \_\_\_\_\_

Component ..... \$ \_\_\_\_\_

Total Dues Owed ..... \$ \_\_\_\_\_

**Please submit your completed 2-page application to your state or local dental society.** A listing of state dental societies is available on our website at [www.ada.org](http://www.ada.org) or you may contact the ADA Department of Membership Information at (312) 440-2607 for more information.

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.

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 2011, 10.1% of a member's ADA dues paid are to be allocated to lobbying activities (\$54.00 for members paying the full active dues and assessments of \$528.00.) Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

## Constituent Dental societies of The American Dental association

**Alabama Dental Association**  
836 Washington Ave.  
Montgomery, AL 36104  
(334) 265-1684  
(800) 489-2532  
Fax: (334) 262-6218  
greger@aldaonline.org  
www.aldaonline.org

**Alaska Dental Society**  
9170 Jewel Lake Rd, #203  
Anchorage, AK 99502  
(907) 563-3003  
(800) 478-4675\*  
Fax: (907) 563-3009  
info@akdental.org  
www.akdental.org

**Arizona Dental Association**  
3193 N. Drinkwater Blvd.  
Scottsdale, AZ 85251-6491  
(480) 344-5777  
(800) 866-2732  
Fax: (480) 344-1442  
azda@azda.org  
www.azda.org

**Arkansas State Dental Association**  
7480 Hwy 107  
Sherwood, AR 72120  
(501) 834-7650  
(800) 501-2732  
Fax: (501) 834-7657  
Cheryl@ardental.org  
www.ARdental.org

**California Dental Association**  
1201 K Street  
Sacramento, CA 95814  
(916) 443-0505  
(800) 232-7645\*  
Fax: (916) 443-2943  
membership@cda.org  
www.cda.org

**Colorado Dental Association**  
3690 S. Yosemite, #100  
Denver, CO 80237-1808  
(303) 740-6900  
(800) 343-3010  
Fax: (303) 740-7989  
jeanne@cdaonline.org  
www.cdaonline.org

**Connecticut State Dental Association**  
835 W. Queen Street  
Southington, CT 06489  
(860) 378-1800  
Fax: (860) 378-1807  
jedennehy@cscda.com  
www.cscda.com

**Delaware State Dental Society**  
The Christiana Executive Campus  
200 Continental Drive, Ste. 111  
Newark, DE 19713  
(302) 368-7634  
Fax: (302) 368-7669  
dedentalsociety@gmail.com  
www.delawarestatedentalsociety.org

**District of Columbia Dental Society**  
502 C Street N.E.  
Washington, DC 20002-5810  
(202) 547-7613  
Fax: (202) 546-1482  
atillery@dcidental.org  
www.dcdental.com

**Florida Dental Association**  
1111 E. Tennessee St., #102  
Tallahassee, FL 32308-6913  
(850) 681-3629  
(800) 877-9922  
Fax: (850) 561-0504  
fda@floridadental.org  
www.floridadental.org

**Georgia Dental Association**  
7000 Peachtree Dunwoody Rd., NE  
Building 17, Suite 200  
Atlanta, GA 30328  
(404) 636-7553  
(800) 432-4357\*  
Fax: (404) 633-3943  
yungk@gadental.org  
www.gadental.org

**Hawaii Dental Association**  
1345 S. Beretania St., #301  
Honolulu, HI 96814  
(808) 593-7956  
(800) 359-6725  
Fax: (808) 593-7636  
info@hawaiidentalassociation.net  
www.hawaiidentalassociation.net

**Idaho State Dental Association**  
1220 W. Hays Street  
Boise, ID 83702  
(208) 343-7543  
(800) 932-8153\*  
Fax: (208) 343-0775  
info@isdaweb.com  
www.isdaweb.com

**Illinois State Dental Society**  
1010 S. Second Street  
Springfield, IL 62704  
(217) 525-1406  
(800) 475-4737\*  
Fax: (217) 525-8872  
adaniels@isds.org  
www.isds.org

**Indiana Dental Association**  
P. O. Box 2467  
Indianapolis, IN 46206  
(317) 634-2610  
(800) 562-5646  
Fax: (317) 634-2612  
jody@indental.org  
www.indental.org

**Iowa Dental Association**  
5530 W. Parkway  
Suite 100  
Johnston, IA 50131  
(515) 986-5605  
(800) 828-2181  
Fax: (515) 986-5626  
info@iowadental.org  
www.iowadental.org

**Kansas Dental Association**  
5200 S.W. Huntoon St.  
Topeka, KS 66604-2398  
(785) 272-7360  
(800) 432-3583  
Fax: (785) 272-2301  
jennifer@ksdental.org  
www.ksdental.org

**Kentucky Dental Association**  
1920 Nelson Miller Pkwy  
Louisville, KY 40223-2164  
(502) 489-9121  
(800) 292-1855  
Fax: (502) 489-9124  
judy@kyda.org  
www.kyda.org

**Louisiana Dental Association**  
7833 Office Park Blvd.  
Baton Rouge, LA 70809  
(225) 926-1986  
(800) 388-6642  
Fax: (225) 926-1886  
ldambrs@ladental.org  
www.ladental.org

**Maine Dental Association**  
P. O. Box 215  
Manchester, ME 04351-0215  
(207) 622-7900  
(800) 369-8217  
Fax: (207) 622-6210  
info@medental.org  
www.medental.org

**Maryland State Dental Association**  
6410 Dobbin Road, Suite F  
Columbia, MD 21045  
(410) 964-2880  
(800) 766-2880\*  
Fax: (410) 964-0583  
colleen@msda.com  
www.msda.com

**Massachusetts Dental Society**  
Two Willow St., #200  
Southborough, MA 01745-1027  
(508) 480-9797  
(800) 342-8747  
Fax: (508) 480-0002  
membership@massdental.org  
www.massdental.org

**Michigan Dental Association**  
3657 Okemos Rd., Ste. 200  
Okemos, MI 48864-3927  
(517) 372-9070  
(800) 589-2632\*  
Fax: (517) 372-0008  
membership@michigandental.org  
www.smilemichigan.com

**Minnesota Dental Association**  
1010 S. Second Blvd., Ste. 200  
St. Paul, MN 55413-4801  
(612) 767-8400  
(800) 950-3368  
Fax: (612) 767-8500  
djensen@mndental.org  
www.mndental.org

**Mississippi Dental Association**  
2630 Ridgewood Road, Ste. C  
Jackson, MS 39216  
(601) 982-0442  
Fax: (601) 366-3050  
tasha@msdental.org  
www.ms dental.org

**Missouri Dental Association**  
3340 American Avenue  
Jefferson City, MO 65109  
(573) 634-3436  
(800) 688-1907  
Fax: (573) 635-0764  
info@modental.org  
www.modental.org

**Montana Dental Association**  
P. O. Box 1154  
Helena, MT 59624  
(406) 443-2061  
(800) 257-4988\*  
Fax: (406) 443-1546  
mda@mt.net  
www.mtdental.com

**Nebraska Dental Association**  
7160 S. 29th St., Ste. 1  
Lincoln, NE 68510  
(402) 476-1704  
(800) 234-3120\*  
Fax: (402) 476-2641  
NDA@windstream.net  
jodycameron@windstream.net  
www.nedental.org

**Nevada Dental Association**  
8863 W. Flamingo Rd., Ste. 102  
Las Vegas, NV 89147  
(702) 255-4211  
(800) 962-6710  
Fax: (702) 255-3302  
info@nvda.org  
www.nvda.org

**New Hampshire Dental Society**  
23 South State St.  
Concord, NH 03301  
(603) 225-5961  
(800) 244-5961\*  
Fax: (603) 226-4880  
jdover@nhds.org  
www.nhds.org

**New Jersey Dental Association**  
One Dental Plaza  
P. O. Box 6020  
North Brunswick, NJ 08902-6020  
(732) 821-9400  
(800) 831-6532\*  
Fax: (732) 821-1082  
jteres@njda.org  
www.njda.org

**New Mexico Dental Association**  
9201 Montgomery Blvd. N.E., Suite 601  
Albuquerque, NM 87111  
(505) 294-1368  
(888) 589-6632  
Fax: (505) 294-9958  
erivers@mdental.org  
www.newmexicodental.org

**New York State Dental Association**  
20 Corporate Woods Blvd, #602  
Albany, NY 12211  
(518) 465-0044  
(800) 255-2100\*  
Fax: (518) 465-3219  
placjan@nysdental.org  
www.nysdental.org

**North Carolina Dental Society**  
1600 Evans Rd.  
Cary, NC 27513  
(919) 677-1396  
(800) 662-8754  
Fax: (919) 677-1397  
rducharme@ncdental.org  
www.ncdental.org

**North Dakota Dental Association**  
P. O. Box 1332  
Bismarck, ND 58502  
(701) 223-8870  
(800) 795-8870  
Fax: (701) 223-0855  
ndda@olsoncichy.com  
www.nddental.com

**Ohio Dental Association**  
1370 Dublin Road  
Columbus, OH 43215  
(614) 486-2700  
(800) 282-1526  
Fax: (614) 486-0381  
dentist@oda.org  
www.oda.org

**Oklahoma Dental Association**  
317 NE 13th Street  
Oklahoma City, OK 73104  
(405) 848-8873  
(800) 876-8890  
Fax: (405) 848-8875  
oda@okda.org  
www.okda.org

**Oregon Dental Association**  
PO Box 3710  
Wilsonville, OR 97070  
(503) 218-2010  
(800) 452-5628  
Fax: (503) 218-2009  
info@oregondental.org  
www.oregondental.org

**Pennsylvania Dental Association**  
P. O. Box 3341  
Harrisburg, PA 17105  
(717) 234-5941  
(800) 223-0016  
Fax: (717) 232-7169  
ckc@padental.org  
www.padental.org

**Colegio de Cirujanos Dentistas de Puerto Rico**  
Avenida Domenech, #200  
San Juan, PR 00918  
(787) 764-1969  
Fax: (787) 763-6335  
dentista@ccdpr.org  
www.cpdpr.org

**Rhode Island Dental Association**  
875 Centerville Commons, Bldg. 4, Ste. 12  
Warwick, RI 02886  
(401) 825-7700  
Fax: (401) 825-7722  
val@ridental.com  
www.ridenal.com

**South Carolina Dental Association**  
120 Stonemark Lane  
Columbia, SC 29210  
(803) 750-2277  
(800) 327-2598\*  
Fax: (803) 750-1644  
annette@sddental.org  
www.sdda.org

**South Dakota Dental Association**  
P.O. Box 1194  
Pierre, SD 57501-1194  
(605) 224-9133  
Fax: (605) 224-9168  
tia@sddental.org  
www.sddental.org

**Tennessee Dental Association**  
660 Bakers Bridge Ave., Ste. 300  
Franklin, TN 37067-6461  
(615) 628-0208  
(800) 824-9722\*  
Fax: (615) 628-0214  
csp@tenndental.org  
www.tenndental.org

**Texas Dental Association**  
1946 South IH-35, Suite 400  
Austin, TX 78704  
(512) 443-3675  
Fax: (512) 443-3031  
rachael@tda.org  
www.tda.org

**Utah Dental Association**  
1151 E. 3900 S., #B160  
Salt Lake City, UT 84124  
(801) 261-5315  
(800) 662-6500  
Fax: (801) 261-1235  
uda@uda.org  
www.uda.org

**Vermont State Dental Society**  
100 Dorset Street, #18  
South Burlington, VT 05403  
(802) 864-0115  
(800) 640-5099\*  
Fax: (802) 864-0116  
info@vsds.org  
www.vsds.org

**Virgin Islands Dental Association**  
Med Arts Complex - Suite 10  
St. Thomas, VI 00802  
(340) 777-5950  
Fax: (340) 775-4172  
jawdocv@netscape.net

**Virginia Dental Association**  
7525 Staples Mill Road  
Richmond, VA 23228  
(804) 261-1610  
(800) 552-3886\*  
Fax: (804) 261-1660  
pinkston@vadental.org  
www.vadental.org

**Washington State Dental Association**  
126 NW Canal St.  
Seattle, WA 98107  
(206) 448-1914  
(800) 448-3368\*  
Fax: (206) 443-9266  
wsda@wsda.org  
www.wsda.org

**West Virginia Dental Association**  
2016 1/2 Kanawha Blvd. E  
Charleston, WV 25311  
(304) 344-5246  
Fax: (304) 344-5316  
sjones8809@aol.com  
www.wvdental.org

**Wisconsin Dental Association**  
6737 W. Washington St. Ste 2360  
West Allis, WI 53214  
(414) 276-4520  
(800) 364-7646  
Fax: (414) 276-8431  
info@wda.org  
www.wda.org

**Wyoming Dental Association**  
259 S. Center, Ste. 201  
Casper, WY 82601  
(307) 237-1186  
(800) 244-0779  
Fax: (307) 237-1186  
wyodental@gmail.com  
www.wyda.org