

# International Membership Application

International membership in the American Dental Association is available to dentists living and practicing in a country other than the United States. Annual dues are for the calendar year January 1 through December 31. Dentists whose applications for international membership are approved receive a membership card, certificate of membership, access to members-only content on ADA.org including the *Journal of the American Dental Association* online (hard copies of *JADA* will be mailed by separate subscription only), receive discounted member registration rates on the ADA annual meeting and other continuing education courses, are entitled to attend any ADA scientific session and may purchase items through the ADA catalog at the special member rate.

Please print or type all information.

## ADA Use Only

ADA Number

## Personal Information

Name (First/Given)			(Surname)			(Middle)		
Date of Birth (MM/DD/YYYY)			<input type="checkbox"/> Male <input type="checkbox"/> Female					
Primary Office Address (Required and must be outside the U.S.)								
City			State/Province			Postal/Zip Code		Country
Phone (Country Code-City Code-Local Number)						Fax (Country Code-City Code-Local Number)		
Preferred Mailing Address (If different than office address)								
City			State/Province			Postal/Zip Code		Country
Phone (Country Code-City Code-Local Number)						Fax (Country Code-City Code-Local Number)		
Email Address								

The ADA will communicate with you by email, and you will receive monthly ecommunications with the latest science, technology and professional news.

## Biographical Information

Dental School	Country	Graduation Date (MM/DD/YYYY)
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## Payment

International membership dues are \$100 for the 2016 calendar year. If you are a dentist practicing in a country designated by the FDI World Dental Federation as a least developed nation, ADA international member dues are \$16. (Countries eligible for the \$16 dues rate are listed below.)

<b>Dues</b>	Developed Country International Dues (\$100)	\$	<b>Countries designated by the FDI World Dental Federation as least developed nations (eligible for \$16 ADA international dues rate):</b> Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Central African Republic, Chad, Comoros, Congo-Dem. Rep., Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Guinea, Guinea-Bissau, Haiti, Kiribati, Lao PDR, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mozambique, Myanmar, Nepal, Niger, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Tanzania, Timor-Leste, Togo, Tuvalu, Uganda, Vanuatu, Yemen, and Zambia.
	Developing Country International Dues (\$16)	\$	
<b>Optional</b>	I'd like to receive monthly hard copies of <i>JADA</i> via mail (4-6 weeks delivery time): \$102	\$	
Method of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check enclosed		Total Amount Owed	
Credit Card Number	Security Code	\$	
Expiration Date (MM/YYYY)			
Signature:			

## Applicant Signature

I hereby apply for international membership in the American Dental Association and resolve to abide by the *Bylaws* and *Principals of Ethics and Code of Professional Conduct* if accepted into membership. Review the bylaws and code at ADA.org/constitutionbylaws.

Signature	Date (MM/DD/YYYY)
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Please return your completed form to the above address or via email to international-member@ada.org. Your application and credit card payment may also be faxed to +1.312.440.2883. Membership in the ADA is based on the calendar year from January to December.