

# Federal Dental Service Membership Application

Direct membership in the American Dental Association is available to dentists serving full-time on active duty with one of the Federal Dental Services.

**Personal Information** Please print or type the information. You may also apply online at [ADA.org/join](http://ADA.org/join).

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				
Office Address			Phone (include area code)	
City	State	Zip	Fax (include area code)	
Home Address			Phone (include area code)	
City	State	Zip	Please indicate if you prefer to have mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Office	Please indicate if you prefer to have email sent to: <input type="checkbox"/> Federal Email <input type="checkbox"/> Personal Email
Federal Email Address (Federal email address required)			Personal Email Address	
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Report				

**Branch of Service/Verification of Service** 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:				
Verification of Service (select one)	<input type="checkbox"/> Federal Email Address Provided <input type="checkbox"/> Cover Page From Your Federal Contract			In-Service Date (MM/DD/YYYY)

**Previous Education**

Dental School	Country	Graduation Date (MM/DD/YYYY)	Degree
Graduate School	Country	Graduation Date (MM/DD/YYYY)	Specialty
			Degree

**Advanced Education Program**

School/Hospital	City	State	Country
Address			
Specialty: Please check one		Is this program a:	
<input type="checkbox"/> Oral & Maxillofacial Pathology	<input type="checkbox"/> Anesthesiology	<input type="checkbox"/> Endodontics	<input type="checkbox"/> Dental Program
<input type="checkbox"/> Oral & Maxillofacial Surgery	<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Oral & Maxillofacial Radiology	<input type="checkbox"/> Medical School
<input type="checkbox"/> Orthodontics & Dentofacial Orthopedics	<input type="checkbox"/> Oromaxillofacial Pain	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Other:
<input type="checkbox"/> Periodontics	<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Public Health	Program Start Date (MM/DD/YYYY)
			Completion Date (MM/DD/YYYY)

**License Information**

Do you have a U.S. License? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all states in which you are licensed (include corresponding license numbers)
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**Payment**

<input type="checkbox"/> Not in a graduate or residency program	<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
Amount enclosed for the current membership year \$	Signature		

**Applicant Signature**

I hereby apply for Federal Dental Service membership in the American Dental Association and resolve to abide by the <i>Bylaws</i> and the <i>Principles of Ethics and Code of Professional Conduct</i> if accepted into membership. You may review the bylaws and code at <a href="http://ADA.org/ethicsconduct">ADA.org/ethicsconduct</a> .	
Signature	Date (MM/DD/YYYY)

Please return your completed form to the FDS Membership Office 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**, \$22.00; 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 2021, 6.8% of a member's ADA dues are allocated to lobbying activities. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

\*A retired member of a Federal Dental Service who is serving on a faculty of a dental school or is receiving compensation as a dental administrator or consultant, or who is engaged in any activity for which a license to practice dentistry or dental hygiene is required must hold membership through a constituent and component society for the duration of the activity.