

Federal Dental Service Membership Application

ADA American Dental Association®

America's leading advocate for oral health

FDS Membership Office
211 East Chicago Avenue, Chicago, Illinois 60611
T 312.440.4646 800.232.2083 ADA.org/fds

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.

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		

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 <input type="checkbox"/> Endo. <input type="checkbox"/> Ped. Dent. <input type="checkbox"/> Perio. <input type="checkbox"/> Public Health <input type="checkbox"/> Prostho. <input type="checkbox"/> Ortho. <input type="checkbox"/> Oral Path. <input type="checkbox"/> Oral Surg. <input type="checkbox"/> Oral & Max. Rad. <input type="checkbox"/> Other:		Is this program a: <input type="checkbox"/> Dental Program <input type="checkbox"/> Medical School <input type="checkbox"/> Other:	
		Program Start Date (MM/DD/YYYY)	
		Completion Date (MM/DD/YYYY)	

Program Verification/Registrar's Stamp

(Please complete only if currently enrolled in a graduate program or residency.)

This is to verify that the above dentist is currently enrolled full-time in the above advanced education program. Signature	Program Start 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)
---	--

Payment

<input type="checkbox"/> Not in a graduate or residency program <input type="checkbox"/> Enclosed is my \$30 for graduate dues <input type="checkbox"/> Enclosed is my check for membership dues Amount enclosed for the current membership year \$	<input type="checkbox"/> Please charge my dues to the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express Card # Security Code Expiration Date Signature
--	---

Applicant Signature

I hereby apply for Federal Dental Service membership in the American Dental Association and resolve to abide by the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* if accepted into membership. You may review the bylaws and code at ADA.org/ethicsconduct.

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 2018, 7.2% 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.