Graduate Student/Resident Membership Application

ADA American Dental Association®
America's leading advocate for oral health

Department of Membership Operations
211 East Chicago Avenue, Chicago, Illinois 60611
T 312.440.2699 F 312.440.2898 ADA.org

Graduate student membership is available in the American Dental Association to any dentist who is engaged full-time in a residency or advanced education program of not less than one academic year's duration.

Please complete all sections of this application. Please print or type all information. You may also apply online at ADA.org/join.

Personal Information

Name (First) (Last) (Middle)			☐ Male ☐ Female
ADA ID Number (if known)	Date of Birth (MM/DD/YYYY)		Mobile Phone (include area code)
Spouse's Name (optional)			Is spouse a dentist? ☐ Yes ☐ No
Mailing Address			Is this address your: ☐ Home ☐ Office
City	State	Zip	Daytime Phone (include area code)
Email Address			Fax (include area code)

Branch of Service/Verification of Service

Are you in the Federal Dental Service? ☐ Yes ☐ No
If yes, please check your branch of service below:

In-Service Date (MM/DD/YYYY)

☐ U.S. Air Force ☐ U.S. Army ☐ U.S. Navy ☐ U.S. Public Health Service ☐ Veterans Affairs
☐ Other: Agency:

Previous Education

Dental School ☐ Copy of dental school diploma enclosed	Country	Graduation Date (MM/DD/YYYY)
Previous advanced education program: (school/hospital)		Graduation Date (MM/DD/YYYY)
City/State	Country	Degree

Specialty: Please check one
☐ Endo. ☐ Ped. Dent. ☐ Perio. ☐ Public Health ☐ Prostho. ☐ Ortho. ☐ Oral Path. ☐ Oral Surg. ☐ Oral & Max. Rad.
☐ Other:

Current Advanced Education Program

School/Hospital	City	State	Country
Address			

Specialty: Please check one
☐ Endo. ☐ Ped. Dent. ☐ Perio. ☐ Public Health
☐ Prostho. ☐ Ortho. ☐ Oral Path. ☐ Oral Surg.
☐ Oral & Max. Rad. ☐ Other:

Is this program a:
☐ Dental Program
☐ Medical School
☐ Other:

Program Start Date (MM/DD/YYYY)

Expected Completion Date (MM/DD/YYYY)

Do you have a U.S. License? ☐ Yes ☐ No	If yes, state of license:	License Number

Program Verification/Registrar's Stamp

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

Signature: Dean's Signature or Registrar's Stamp here.	Program Start Date (MM/DD/YYYY)

Payment

Graduate student membership dues are $30.00 for the current membership year.

☐ Enclosed is my check for membership dues

☐ Please charge my dues to the following: ☐ Visa ☐ MasterCard ☐ American Express

Card # Security Code Expiration Date

Signature

Applicant Signature

I hereby apply for graduate student 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 Department of Membership Operations 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. There is no charge for student members' subscription to ***The Journal of the American Dental Association*** and the ***ADA News***.

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.