

International Membership Application

Office of International Membership
 211 East Chicago Avenue, Chicago, Illinois 60611
 T +1.312.440.2389 ADA.org/international
 international-member@ada.org

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) and receive discounted member registration rates on the ADA annual meeting and other continuing education courses. Member personal information may be shared as described in the Privacy Notice and Terms of Use, for example ADA shares certain information about members with third parties, such as ADA state and local dental societies.

Please print or type all information. You may also apply online at ADA.org/join.

ADA Number
(if known)

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	
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	
Phone (Country Code-City Code-Local Number)		Fax (Country Code-City Code-Local Number)			
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					

If you provide an email address, the ADA will communicate with you by email, and from time to time you may receive ecommunications about professional news and your ADA member benefits.

Biographical Information

Dental School	Country	Graduation Date (MM/DD/YYYY)
---------------	---------	------------------------------

Payment

International membership dues are \$100 for the 2021 calendar year.		
Dues	International Dues (\$100)	\$
Optional	I'd like to receive monthly hard copies of <i>JADA</i> via mail (4-6 weeks delivery time): \$102	\$
Method of Payment		Total Amount Owed
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Check enclosed		
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 <i>Bylaws and Principles of Ethics and Code of Professional Conduct</i> if accepted into membership. Review the bylaws and code at ADA.org/constitutionbylaws .	
Signature	Date (MM/DD/YYYY)

Mail completed form with check only to the postal address. DO NOT MAIL CREDIT CARD NUMBERS TO THE ADA, please fax only. Your application and credit card payment may also be faxed to +1.312.440.2898. You may also apply online at ADA.org/join. Membership in the ADA is based on the calendar year from January to December.