

**Post-doctoral/Resident
Membership Application**

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) _____			<input type="checkbox"/> Male	<input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address			Is this address your: <input type="checkbox"/> Home <input type="checkbox"/> Office	
City	State	Zip	Daytime Phone (include area code)	
Email Address			Fax (include area code)	
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

Are you in the Federal Dental Service? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please check your branch of service below:	In-Service Date (MM/DD/YYYY)
<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: _____	

Previous Education

Dental School	Country	Graduation Date (MM/DD/YYYY)
Previous advanced education program: (school/hospital)	Graduation Date (MM/DD/YYYY)	
City/State	Degree	
Specialty: Please check one <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery <input type="checkbox"/> Oral Medicine <input type="checkbox"/> Orofacial Pain <input type="checkbox"/> Orthodontics & Dentofacial Orthopedics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Public Health		

Current Advanced Education Program

School/Hospital	City	State	Country
Address			
Specialty: Please check one <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery <input type="checkbox"/> Oral Medicine <input type="checkbox"/> Orofacial Pain <input type="checkbox"/> Orthodontics & Dentofacial Orthopedics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Public Health		Is this program a: <input type="checkbox"/> Dental Program <input type="checkbox"/> Medical School <input type="checkbox"/> Other: _____	Program Start Date (MM/DD/YYYY) Expected Completion Date (MM/DD/YYYY)
Do you have a U.S. dental license? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state of license:	License Number	

Applicant Signature

I hereby apply for graduate student 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 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 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 ADA dues or post doctoral 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 2022, 7.0% (\$41.00) lobbying expense is not tax deductible as a business expense.