

APPLICATION FOR AFFILIATE (NON-U.S.) MEMBERSHIP

Department of Membership Information
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membership@ada.org

(ADA USE ONLY)

Affiliate membership in the American Dental Association is available to dentists who are 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 Affiliate membership are approved receive a membership card, have access to the members-only content areas of ADA.org including the Journal of the American Dental Association online (hard copy of JADA will be mailed by separate subscription only), are entitled to attend any ADA scientific session and may purchase items through the ADA catalog at the special member rate.

Personal Information

Please print or type the information.

Date of Birth _____ Male Female
MM / DD / YYYY

Name _____
First Middle Last/Family

Office Address (Required and must be outside the U.S.)

Preferred Mailing Address (If different than office address)

Street _____ Street _____

City _____ City _____

State/Province _____ State/Province _____

Postal Code _____ Postal Code _____

Country _____ Country _____

Phone (011) _____
COUNTRY CODE - CITY CODE - LOCAL NUMBER

Phone (011) _____
COUNTRY CODE - CITY CODE - LOCAL NUMBER

Fax (011) _____
COUNTRY CODE - CITY CODE - LOCAL NUMBER

Fax (011) _____
COUNTRY CODE - CITY CODE - LOCAL NUMBER

E-mail address _____

(By providing an e-mail address on this application, we can serve you better as a member of the ADA. If you do not have an e-mail address, you are encouraged to sign up for one of the many free accounts by visiting www.yahoo.com, www.hotmail.com or www.google.com.)

Biographical Information

Dental School _____ Country _____ Date of Graduation _____ Type of Degree _____
MM / DD / YYYY

PLEASE ENCLOSE A COPY OF DENTAL SCHOOL DIPLOMA (English translation preferred)

Graduate School _____ Country _____ Date of Graduation _____ Specialty _____
MM / DD / YYYY

Country where licensed or registered _____ Type of degree _____

Do you have a U.S. license? Yes No If yes, state of license _____ License number _____

Are you currently practicing? Yes No

Payment

Affiliate membership dues are \$75 for the 2010 membership year. If you are a dentist practicing in a country designated by the FDI World Dental Federation as a least developed nation, ADA affiliate member dues are \$12 (Please refer to the listing below of countries eligible for the \$12 dues rate.)

Dues:

Affiliate Dues: \$75 \$ _____
 Reduced Affiliate Dues: \$12 for eligible countries only \$ _____

Optional:

I'd like to receive a hard copy of JADA via mail (4-6 weeks delivery time): \$102 \$ _____
 Airmail delivery of JADA (2-3 weeks delivery time): Additional \$100 \$ _____

TOTAL AMOUNT OWED \$ _____

Please charge my dues to the following:

Visa MasterCard American Express Card # _____

Expiration date _____ Signature _____
MM / DD / YYYY

Check enclosed

Countries designated by the FDI World Dental Federation as least developed nations (eligible for \$12 ADA affiliate dues rate): Afghanistan, Angola, Bangladesh, Benin, Bhutan, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, Comoros, Congo- Dem. Rep., Congo-Rep., Cote d'Ivoire, Djibouti, Equatorial Guinea, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Guinea-Bissau, Haiti, India, Kenya, Kiribati, Korea-Dem. Rep., Kyrgyz Republic (South Korea), Laos PDR, Lesotho, Liberia, Madagascar, Malawi, Maldives, Mali, Mauritania, Moldova, Mongolia, Mozambique, Myanmar, Nepal, Nicaragua, Niger, Samoa, Nigeria, Pakistan, Paupa New Guinea, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Solomon Islands, Somalia, Sri Lanka, Sudan, Tajikistan, Tanzania, Timor- Leste, Togo, Tuvalu, Uganda, Uzbekistan, Vanuatu, Vietnam, Yemen, Zambia and Zimbabwe.

Applicant Signature

I hereby apply for affiliate membership in the American Dental Association and resolve to abide by the Bylaws and the Code of Ethics and Professional Conduct if accepted into membership.

Signed _____ Date _____
MM / DD / YYYY