

Associate Membership Application

Associate membership is a category of ADA membership available to an individual not eligible for any other type of membership in this Association, who contributes to the advancement of the objectives of this Association, is employed in dental-related education or research, **does not have a dental degree**, and does not hold a dental license in the United States. Applications for Associate membership are acted upon by the Board of Trustees.

Personal Information

ADA ID Number _____ SSN _____ Date of Birth _____
MM / DD / YYYY

Name _____
First Last Middle Male Female

Spouse's name _____ Is spouse a dentist? yes no

Office Address _____ Home Address _____

City _____ City _____

State/Zip _____ State/Zip _____

Phone (_____) _____ Phone (_____) _____

Fax (_____) _____ Please indicate if you prefer to have mail sent to: home office

E-Mail Address _____

Education

Educational Institution _____ Date of Graduation _____ Degree _____
MM / DD / YYYY

Educational Institution _____ Date of Graduation _____ Degree _____
MM / DD / YYYY

Educational Institution _____ Date of Graduation _____ Degree _____
MM / DD / YYYY

Do you have a U.S. License? Yes No State of license _____ License number _____

Contributions to Dentistry

PLEASE ATTACH YOUR CURRICULUM VITAE OR OTHER SUMMARY OF YOUR CONTRIBUTIONS TO DENTISTRY, INCLUDING THE SUBJECT CLASSES YOU TEACH.

Current Employer Verification

This will provide verification that the applicant is employed in dentally related education or research.

Educational Institution _____ Phone # (_____) _____

Address _____

Print Name _____ Title/Position _____

Signature of Dean/Human Resource Director _____

Payment

Associate Membership dues are \$125.00 for the 2010 membership year

Enclosed is my check for membership dues

Please charge my dues to the following: Visa MasterCard American Express Card # _____

Expiration Date: _____
MM / DD / YYYY

Signature _____

Applicant Signature

I hereby apply for Associate 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.

Signed _____ Date _____

Membership in the ADA is based on the calendar year from January to December. Dues include \$25.00 for Associate member's subscription to the *Journal of the American Dental Association*, and \$8.00 for the *ADA News*. Associate members may also attend the scientific session of the Association.

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 2010, 8.6% of a member's ADA dues (including dues and special assessments) are allocated to lobbying expenses (\$11.00 for members paying Associate dues of \$125.00.) Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.