

Charitable Organization Application

A category of membership in the American Dental Association is available to dentists who are serving dentistry full-time for a charitable organization and who are receiving neither income nor a salary for that service other than a subsistence amount which approximates a cost of living allowance. The member must remain in service continuously for a least one year and not supplement his or her income by the performance of services as a member of the faculty of a dental or dental auxiliary school, as a dental administrator or consultant or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

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

Permanent Address **Alternate Address**

Street _____ Street _____

City _____ City _____

State/Province _____ State/Province _____

Postal Code _____ Postal Code _____

Country _____ Country _____

Is this address your Home Office Is this address your Home Office

Phone _____ Fax _____ Phone _____ Fax _____

E-Mail Address _____

Please indicate if you prefer to have mail sent to your: Permanent Address Alternate Address

Statement of Purpose of the Organization

(Please attach printed brochure or letter on letterhead.)

Brochure or letter attached

Verification of Subsistence Income

(Please attach verification on organization's letterhead.)

Statement attached

Verification of Employment

This is to verify that the above applicant is serving this charitable organization full-time for not less than one year and that he or she is not supplementing his or her income as a faculty member of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner for any activity for which a license to practice dentistry or dental hygiene is required.

Signed _____ Date _____
Organization head or national office representative

Payment

Charitable practitioner membership dues are waived annually. Airmail service for the JADA is available to members working abroad.

Airmail Service to countries except for Canada and Mexico is available for an additional \$100. Air mail: Yes No

Check enclosed for payment

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

Expiration Date _____
MM / DD / YYYY

Signature _____

Applicant Signature

I hereby apply for charitable practitioner 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 _____

Please return your completed form to the Department of Membership Information 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 a charitable practitioner's 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 2010, 8.6% of a member's ADA dues are allocated to lobbying expenses. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.