

Federal Dental Service Membership Application

Direct membership in the American Dental Association is available to dentists serving full-time on active duty with one of the Federal Dental Services.

Personal Information

Please print or type the information.

ADA ID Number _____ SSN _____ Date of Birth _____
MM / DD / YYYY
Name _____
First Last Middle
Spouse's Name _____ Male Female
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 _____

Branch of Service/Verification of Service

Please check your branch of service below

U.S. Air Force U.S. Army U.S. Navy U.S. Public Health Service U.S. Civil Service Veterans Affairs

Verification of Service *Please attach a photocopy of your federal I.D.* Federal I.D. Enclosed In-Service Date _____
MM / DD / YYYY

Previous Education

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

Advanced Education Program

School/Hospital _____ City/State _____ Country _____
Address _____

Specialty Please check one: Endo. Ped. Dent. Perio. Public Health Prosth. Ortho. Oral Path. Oral Surg. Oral & Max. Rad. Other _____
Is this program a Dental Program Medical School Other _____

Program Start Date _____ Completion Date _____
MM / DD / YYYY MM / DD / YYYY

Program Verification/Registrar's Stamp *(Please complete only if currently enrolled in a graduate program or residency.)*

This is to verify that the above dentist is currently enrolled full-time in the above advanced education program.

Signed _____ Program Start Date _____
Dean's Signature or Registrar's Stamp Here MM / DD / YYYY

License Information

Do you have a U. S. License yes no Please list all states in which you are licensed (include corresponding license numbers) _____

Payment

Enclosed is my check for membership dues Amount Enclosed \$ _____ for the 2010 membership year
 Please charge my dues to the following: Visa MasterCard American Express
Card # _____ Expiration Date _____ Verification # _____
MM / DD / YYYY ADA use only
Signature _____

Applicant Signature

I hereby apply for Federal Dental Service 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 FDS Membership Office at the above address. Your application and credit card payment may also be faxed to: 312-440-2883.

Membership in the ADA is based on the calendar year from January to December. ADA dues allocation to JADA, \$25.00; to ADA News, \$8.00, and is not deductible from the dues amount.

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 activities \$43.00 for members paying the full active dues of \$498.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

* A retired member of a Federal Dental Service who is serving on a faculty of a dental school or is receiving compensation as a dental administrator or consultant, or who is engaged in any activity for which a license to practice dentistry or dental hygiene is required must hold membership through a constituent and component society for the duration of the activity.