

## Nonpracticing Membership Application

Nonpracticing membership in the American Dental Association is available to any dentist who has a dental degree from any country, resides in the U.S. or its territories, does **not** hold a U.S. dental license, nor has a revoked U.S. dental license, is not receiving compensation for delivering patient care and is ineligible for any other type of membership in this Association.

### Personal Information

Please print or type the 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 \_\_\_\_\_

### Biographical Information

Dental School \_\_\_\_\_ Country \_\_\_\_\_ Date of Graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Degree \_\_\_\_\_  
MM DD YYYY

Copy of dental school diploma enclosed.

Graduate School \_\_\_\_\_ Country \_\_\_\_\_ Date of Graduation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Specialty \_\_\_\_\_  
MM DD YYYY

Please list all states in which you are licensed (include license numbers.) \_\_\_\_\_

### Employment Description

Please provide a brief description of the company or organization you work for, if you are employed. Describe the type of dentally-related work you are engaged in, if applicable.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Payment

Enclosed is my check for membership dues Amount Enclosed: \$249.00 for the 2010 membership year

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

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Signature \_\_\_\_\_

### Applicant Signature

I hereby apply for Nonpracticing 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. I am not licensed to practice dentistry in the United States.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Please return your completed form to the Department of Membership Information at the above address. Your application and credit card payment may also be faxed to: 312-440-2898.

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 (including dues and special assessments) are allocated to lobbying activities (\$43.00 for members paying the full active dues rate of \$498.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.