



American Dental Association
www.ada.org

Department of Membership Information
211 East Chicago Avenue
Chicago, Illinois 60611-2678
312-440-2607

TRIPARTITE MEMBERSHIP APPLICATION
For membership in the American Dental Association
and your state and local dental societies

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice. Your state or local society may request additional information and will provide you with complete information regarding membership dues as well as the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the ADA and your state and local dental societies, which govern the professional conduct of members. A list of state dental societies accompanies this application.

Please complete all sections of this application. Print or type all information.

PERSONAL

ADA Number _____ Degree DMD DDS Other _____

Name _____
First Last Middle Alias/Previous/Maiden

Primary Office Address

Street _____ Social Security number _____
 _____ Date of birth _____

Suite # _____ Sex M F

City _____ Please indicate if you prefer to have mail sent to:
 Office Home

State/Zip/County _____
 Phone (____) _____ Fax (____) _____
 E-Mail _____

Home Address

Street _____ Unit # _____
 City _____
 State/Zip/County _____
 Phone (____) _____ Fax (____) _____ E-Mail _____

Spouse Name _____
First Last Middle Alias/Previous/Maiden

Is spouse a dentist? Yes No

BIOGRAPHICAL

Dental School _____ Graduation Date _____ / ____ / ____
MM DD YYYY

Advanced Education Program _____
 Completion Date _____ / ____ / ____ Certificate/Degree _____
MM DD YYYY

Do you have a degree or certificate in an ADA recognized specialty? Yes No If yes, which specialty?
 Endodontics Pediatric Dentistry Periodontics Public Health Prosthodontics Orthodontics
 Oral & Maxillofacial Pathology Oral & Maxillofacial Radiology Oral & Maxillofacial Surgery

Is your practice limited to one of the above specialties? Yes No If yes, which specialty? _____

Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.

Please indicate if practicing in, or looking for:
 Solo Group Partnership Associateship Clinic Faculty Federal Dental Service Other _____

If practicing in other than a solo practice, please indicate the group or practitioner's name and location:
 Name _____
 Street _____

 City _____ State _____ Zip _____

Please indicate if licensed: Presently License pending _____
If licensed please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.



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PERSONAL BACKGROUND

Have you ever been denied a dental license? Yes No If yes, in what state? _____

If yes, why? _____

Have you ever had your license suspended or revoked? Yes No If yes, in what state? _____

If yes, why? _____

Have you ever been censured, suspended or expelled by a dentally related organization (i.e., dental society)? Yes No

If yes, in what state _____

If yes, why? _____

Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets?
(A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.) Yes No

If yes, please describe (include dates, offenses and penalties): _____

APPLICANT SIGNATURE

I hereby apply for tripartite membership in the American Dental Association and resolve to abide by the *Bylaws and Principles of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card above, my signature below authorizes payment.

Signed _____ Date _____ / _____ / _____
MM DD YYYY

To be completed by Society:

Constituent Society

Date received _____ / _____ / _____ Date approved or disapproved _____
MM DD YYYY

Approval signature _____ Approval name _____

Component Society

Date received _____ / _____ / _____ Date approved or disapproved _____
MM DD YYYY

Approval signature _____ Approval name _____

Dues Section

ADA \$ _____ Method of payment _____

Constituent \$ _____ Credit card number _____

Misc. \$ _____ Expiration date _____ / _____ / _____
MM DD YYYY

Misc \$ _____ Name on credit card _____

Component \$ _____

Total Dues Owed \$ _____

Please submit your completed 2-page application to your state or local dental society. A listing of state dental societies is available on our website at www.ada.org or you may contact the ADA Department of Membership Information at (312) 440-2607 for more information.

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 2004, 7.2% of a member's ADA dues (including dues and special assessments) are allocated to lobbying activities (\$34.00 for members paying the full active dues and assessments of \$465.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.