



Thank you for your interest in becoming a member of organized dentistry. The Greater Cleveland Dental Society, Ohio Dental Association, and the American Dental Association 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. For complete information regarding the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the ADA and your state and local dental societies, please visit [ADA.org/ethicsconduct](http://ADA.org/ethicsconduct). A list of state and local dental societies can be found at [ada.org/societydirectories](http://ada.org/societydirectories).

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

**PERSONAL INFORMATION:** If an ADA Member encouraged you to join, please indicate: Name: \_\_\_\_\_ State \_\_\_\_\_

ADA Number: \_\_\_\_\_ Degree:  DMD  DDS  Other \_\_\_\_\_ Sex: M  F

Name \_\_\_\_\_  
First Last Middle (Alias/Previous/Maiden)

**Primary Office Address**

Street \_\_\_\_\_ Date of birth \_\_\_\_\_

Suite # \_\_\_\_\_

City \_\_\_\_\_ Please indicate where you prefer to receive:

State/Zip/County \_\_\_\_\_ Postal mail: Office Home

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Email: Office Home

Business E-Mail \_\_\_\_\_ Website Address \_\_\_\_\_

**Home Address**

Street \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_

State/Zip/County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Personal E-mail \_\_\_\_\_

Spouse Name \_\_\_\_\_  
First Last Middle Alias/Previous/Maiden

Is spouse a dentist?  Yes  No

**BIOGRAPHICAL**

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Country of Dental School \_\_\_\_\_ Advanced Education Program \_\_\_\_\_  
Completion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / Certificate/Degree \_\_\_\_\_  
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.



**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 at [www.ada.org](http://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.