

Eligibility

A dentist who is qualified to announce as a “specialist in” or “practice limited to” endodontics, according to the *American Dental Association Principles of Ethics and Code of Professional Conduct*.

Personal ID

(For AAE Office Use Only)

Personal Information

First Name	Middle Initial	Last Name

Nickname (if preferred)	Date of Birth (month/day/year)	

Degrees/Designations		

Email		

Phone	Cell Phone	

Fax	Website	

Address 1

Select Status: Home Office University Other
 Use this information for: Shipping Billing Directory

_____		_____
Street Address	Suite/Apt.	

City	State/Country	Zip/Postal Code

Address 2

Select Status: Home Office University Other
 Use this information for: Shipping Billing Directory

_____		_____
Street Address	Suite/Apt.	

City	State/Country	Zip/Postal Code

Select: Male Female

Select Ethnicity (optional):

- White/Caucasian Asian/Pacific Islander Black/African American
 Hispanic/Latino Middle Eastern Other _____

Application Requirements

Ensure your application contains:

Written verification from your local (ADA component) or state dental society (ADA constituent), or the American Dental Association stating you are a member in good standing. If you do not reside in the United States, submit written verification of membership from your recognized endodontic specialty association or, if none, the equivalent national dental association of the country in which you currently reside. ADA membership is required for the first year of AAE membership.

Professional Affiliations

Current ADA or Equivalent National Dental Association (if residing outside the U.S.) Membership Number

Active Membership Dues Schedule

The membership dues cycle is based on the AAE fiscal year (July 1 – June 30). All memberships include a subscription to the *Journal of Endodontics*.

Full year of membership

Applications received
May 1 – December 31

Membership Dues:

\$791 U.S.D.

Application Fee:

\$50 U.S.D.

Total Amount Due: \$841 U.S.D.

Half year of membership

Applications received
January 1 – May 1

Membership Dues:

\$396 U.S.D.

Application Fee:

\$50 U.S.D.

Total Amount Due: \$446 U.S.D.

Resident members transferring to active status:

\$421 (\$396 + \$25 application fee).

U.S. Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses incurred by engaging in lobbying, as defined in the law. 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 2020, 1% of a member's AAE dues are allocated to lobbying activities. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

* Reduced rate offered with membership renewal only.

Current Teaching Appointment

Dental School Current Appointment Start Date

Select Title: Academic Dean Assistant Dean Clinical Dean Dean Dental School Department Chair Faculty Predoc Director Program Director

Select Status: Full-Time Part-Time Full-Time Volunteer Part-Time Volunteer

Education

Dental School	Country
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Date Started	Graduation Date	Degree(s)
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Advanced Specialty Education Program in Endodontics

Date Started	Graduation Date	Degree(s)
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Other Graduate Schools/Programs

Date Started	Graduation Date	Degree(s)
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Military

Current Military Branch

Date Started	Expected End of Service Date
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Practice Setting

Please select one:

Private Practice (Solo) Endodontic Group Practice

Multi-discipline Group Practice (Specialists and Generalists)

Military/Government Practice Dental School Faculty

Independent Contractor Not Currently in Practice

Other _____

Payment

Check in U.S. funds

Check Number	Amount
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Check must be clearly printed in U.S. dollars.

Credit Card: Visa MasterCard American Express Discover

Card Holder's Name (print)	Amount
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Card Number	Security Code	Expiration Date
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I hereby apply for membership in the American Association of Endodontists and resolve to abide by the Association's Bylaws as well as the *Principles of Ethics and Code of Professional Conduct of the American Dental Association* if accepted into membership. If I have paid by credit card, my signature authorizes payment.

Signature Date