

## Eligibility

A practicing dentist who has an interest in endodontics but is not educationally qualified as an endodontist; a practicing dentist outside the United States (non-U.S. citizen) who is engaged in the full-time teaching of endodontics or the limited practice of endodontics; or a dentist whose primary concern and activity is in the area of education, administration or research in endodontics.

## 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 Processing Instructions

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

## Associate 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:

**\$408 U.S.D.**

Application Fee:

**\$50 U.S.D.**

**Total Amount Due: \$458 U.S.D.**

### Half year of membership

Applications received  
 January 1 – May 1

Membership Dues:

**\$204 U.S.D.**

Application Fee:

**\$50 U.S.D.**

**Total Amount Due: \$254 U.S.D.**

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

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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

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

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

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Date Started	Graduation Date	Degree(s)
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## Military

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Current Military Branch

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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

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

Credit Card:  Visa  MasterCard  American Express  Discover

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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.

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Signature Date