



## Eligibility

A dental staff person employed by an endodontist or by a member of the Association.

## Office Address

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Street Address Suite/Apt.

\_\_\_\_\_  
City State/Province Zip/Postal Code

\_\_\_\_\_  
Phone Fax

\_\_\_\_\_  
Website

## Employment Information

\_\_\_\_\_  
Employer's Name Employer's AAE Membership ID#

## Application Processing Instructions

Each application must contain the following:

1. Payment of dues for all applicants in U.S. currency.
2. Signature of AAE member/employer.

## Professional Staff Group Membership Dues Schedule

The AAE membership dues cycle is based on the AAE fiscal year (July 1 – June 30). Individuals submitting applications for Professional Staff membership through April will receive membership benefits for the current fiscal year. Applications received **May 1 through June 30** will be valid for the next membership fiscal year beginning July 1.

Professional Staff membership dues are \$53 per person with a one-time application fee of \$25 per group.

Number of Applicants: \_\_\_\_\_ x \$53 = \_\_\_\_\_

Group Application Fee: \_\_\_\_\_ + \$25

Total Amount Due: \_\_\_\_\_

Dues are not tax deductible as a charitable contribution but may be deductible as a business expense. Consult your tax advisor.

## Applicants' Personal Information

_____ First Name	_____ Middle Initial	_____ Last Name	_____ Date of Birth (month/day/year)	_____ Gender	_____ Email
_____ First Name	_____ Middle Initial	_____ Last Name	_____ Date of Birth (month/day/year)	_____ Gender	_____ Email
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_____ First Name	_____ Middle Initial	_____ Last Name	_____ Date of Birth (month/day/year)	_____ Gender	_____ Email

## Payment

Check in U.S. funds

Credit Card:  Visa  MasterCard  American Express  Discover

\_\_\_\_\_  
Check Number Amount

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

\_\_\_\_\_  
Card Holder's Name (print) Amount

\_\_\_\_\_  
Card Number Security Code Expiration Date

\_\_\_\_\_  
Signature Date