

Eligibility

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

Personal ID

(For AAE Office Use Only)

Office Address

_____ Company Name		
_____ Street Address		_____ Suite/Apt.
_____ City	_____ State/Province	_____ Zip/Postal Code
_____ Phone		_____ Fax
_____ Website		

Applicant's Personal Information

_____ First Name	_____ Middle Initial	_____ Last Name
_____ Nickname (if preferred)		_____ Date of Birth (month/day/year)
_____ Degrees/Designations		
_____ Spouse/Partner Name (if applicable)		
_____ Email		
Select: <input type="radio"/> Male <input type="radio"/> Female		

Publish in the Membership Directory

Address	<input type="radio"/> Yes	<input type="radio"/> No
Email	<input type="radio"/> Yes	<input type="radio"/> No

Payment

Check in U.S. funds

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

Application Processing Instructions

Each application must contain the following:

1. Payment of dues in U.S. currency.
2. Signature of AAE member/employer and date.
3. Applicant's signature and date.

Professional Staff Membership Dues Schedule

The 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: \$53 U.S.D.

Application Fee: \$25 U.S.D.

Total Amount Due: \$78 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.

Employment Information

_____ Start Date of Employment	
_____ Employer's Name	_____ Employer's AAE Membership ID#

Certification

Registered Dental Assistant:	<input type="radio"/> Current	<input type="radio"/> Not Current
Registered Dental Hygienist:	<input type="radio"/> Current	<input type="radio"/> Not Current

Credit Card: Visa MasterCard American Express Discover

_____ Card Holder's Name (print)	_____ Amount	
_____ Card Number	_____ Security Code	_____ Expiration Date

Signature

_____ Signature	_____ Date
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