

## 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:

**\$815 U.S.D.**  
**Application Fee:**  
**\$50 U.S.D.**

**Total Amount Due: \$865 U.S.D.**

### Half year of membership

Applications received  
January 1 – May 1

### Membership Dues:

**\$408 U.S.D.**  
**Application Fee:**  
**\$50 U.S.D.**

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

Resident members transferring to active status:  
\$433 (\$408 + \$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 2021, 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

Date Started

Graduation Date

Degree(s)

Advanced Specialty Education Program in Endodontics

Date Started

Graduation Date

Degree(s)

Other Graduate Schools/Programs

Date Started

Graduation Date

Degree(s)

## Military

Current Military Branch

Date Started

Expected End of Service Date

## 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

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

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