

Eligibility

A dentist eligible for Active membership who is a full-time educator as defined by the respective university/institution, in a predoctoral department or an advanced specialty education program in endodontics accredited by the ADA Commission on Dental Accreditation or an institution that has a reciprocal agreement with the Commission are eligible for this category.

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

Educator 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	Membership Dues:
Applications received	\$408 U.S.D.
May 1 – December 31	One-Time Application Fee:
	\$50 U.S.D.
	Total Amount Due: \$458 U.S.D.

Half year of membership	Membership Dues:
Applications received	\$204 U.S.D.
January 1 – May 1	One-Time 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 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

Teaching Verification

A signature of your dean or administrative head is required to complete this application and to take advantage of the reduced fees of the Educator membership. Annual status verification will be required.

a. "I hereby verify that _____ (name of applicant) is a full-time faculty member of _____ (name of institution)."

b. Please state your school's criteria for classification as a full-time faculty member: _____

c. Faculty member's time commitment per week: _____ Hours _____ Days

Signature _____

Title _____

Date _____

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 _____