



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 \$55 per person with a one-time application fee of \$25 per group.

Number of Applicants: _____ x \$55 = _____

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
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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