

Tripartite Membership Application

For membership in the ADA, NMDA and your local component society.



office use only:

new mem date: _____

transfer requested: _____ to comp: _____

updated in ts: _____ sent packet: _____

card requested: _____ card sent: _____

Thank you for your interest in becoming a member of organized dentistry. The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice. Your state or local society may request additional information and will provide you with complete information regarding membership dues as well as the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* of the ADA and your state and local dental societies, which govern the professional conduct of members. A list of state dental societies accompanies this application.

Please complete all sections of this application. Print or type all information.

PERSONAL

ADA Number _____	Degree	<input type="checkbox"/> DMD	<input type="checkbox"/> DDS	<input type="checkbox"/> Other _____
Name _____	First	Last	Middle	Also/Previous/Maiden
Primary Office Address				
Street _____	Social Security number _____			Date of birth _____
Suite # _____	Sex <input type="checkbox"/> M <input type="checkbox"/> F			
City _____	Please indicate if you prefer to have mail sent to:			
State/Zip/County _____	<input type="checkbox"/> Office			<input type="checkbox"/> Home
Phone (____) _____	Fax (____) _____			
E-Mail _____				
Home Address				
Street _____	Unit # _____			
City _____				
State/Zip/County _____				
Phone (____) _____	Fax (____) _____			E-Mail _____
Spouse Name _____	First	Last	Middle	Also/Previous/Maiden
Is spouse a dentist?	<input type="checkbox"/> Yes <input type="checkbox"/> No			

BIOGRAPHICAL

Dental School _____	Graduation Date	MM	/	DD	/	YYY
Advanced Education Program _____						
Completion Date	MM	/	DD	/	YYY	Certificate/Degree _____
Do you have a degree or certificate in an ADA recognized specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which specialty?						
<input type="checkbox"/> Endodontics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Orthodontics						
<input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery						
Is your practice limited to one of the above specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which specialty? _____						
<i>Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.</i>						
Please indicate if practicing in, or looking for:						
<input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Partnership <input type="checkbox"/> Associateship <input type="checkbox"/> Clinic <input type="checkbox"/> Faculty <input type="checkbox"/> Federal Dental Service <input type="checkbox"/> Other _____						
If practicing in other than a solo practice, please indicate the group or practitioner's name and location:						
Name _____						
Street _____						
City _____ State _____ Zip _____						
Please indicate if licensed: <input type="checkbox"/> Presently <input type="checkbox"/> License pending						
<small>If licensed please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.</small>						



American Dental Association
www.ada.org

Department of Membership Information
211 East Chicago Avenue
Chicago, Illinois 60611-2678
312-440-2607

TRIPARTITE MEMBERSHIP APPLICATION
For membership in the American Dental Association
and your state and local dental societies

PERSONAL BACKGROUND

Have you ever been denied a dental license? Yes No If yes, in what state? _____
 If yes, why? _____
 Have you ever had your license suspended or revoked? Yes No If yes, in what state? _____
 If yes, why? _____
 Have you ever been censured, suspended or expelled by a dentally related organization (i.e., dental society)? Yes No
 If yes, in what state _____
 If yes, why? _____
 Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets?
 (A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.) Yes No
 If yes, please describe (include dates, offenses and penalties): _____

APPLICANT SIGNATURE

I hereby apply for tripartite membership in the American Dental Association and resolve to abide by the *Bylaws* and *Principles of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card above, my signature below authorizes payment.

Signed _____ Date _____ / _____ / _____
MM DD YYYY

To be completed by Society:

Constituent Society
 Date received _____ / _____ / _____ Date approved or disapproved _____
MM DD YYYY
 Approval signature _____ Approval name _____

Component Society
 Date received _____ / _____ / _____ Date approved or disapproved _____
MM DD YYYY
 Approval signature _____ Approval name _____

Dues Section
 ADA \$ _____ Method of payment _____
 Constituent \$ _____ Credit card number _____
 Misc. \$ _____ Expiration date _____ / _____ / _____
MM DD YYYY
 Misc \$ _____ Name on credit card _____
 Component \$ _____
 Total Dues Owed \$ _____

Please submit your completed 2-page application to your state or local dental society. A listing of state dental societies is available on our website at www.ada.org or you may contact the ADA Department of Membership Information at (312) 440-2607 for more information.

Membership in the ADA is based on the calendar year from January to December. ADA dues allocation to JADA, \$25.00; to ADA News, \$8.00, and is not deductible from the dues amount.

United States Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses that they incur by engaging in lobbying, as defined in the law. Accordingly, only that portion of an associations' member's dues not attributable to lobbying activities remains deductible as an ordinary and necessary business expense. 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 2004, 7.2% of a member's ADA dues (including dues and special assessments) are allocated to lobbying activities (\$34.00 for members paying the full active dues and assessments of \$465.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

CONSTITUENT DENTAL SOCIETIES OF THE AMERICAN DENTAL ASSOCIATION

Alabama Dental Association

836 Washington Ave.
Montgomery, AL 36104
(334) 265-1684
(800) 489-2532
Fax: (334) 262-6218
contactus@aldaonline.org
www.aldaonline.org

Alaska Dental Society

9170 Jewel Lake Rd, #203
Anchorage, AK 99502
(907) 563-3003
(800) 478-4675*
Fax: (907) 563-3009
akdental@alaska.net
www.ak.dental.org

Arizona Dental Association

4131 N. 36th St.
Phoenix, AZ 85018
(602) 957-4777
(800) 866-2732
Fax: (602) 957-1342
azda@azda.org
www.azda.org

Arkansas State Dental Association

2501 Crestwood Drive, #205
North Little Rock, AR 72116
(501) 771-7650
(800) 501-2732
Fax: (501) 771-1016
asda@aristotle.net
www.dental-asda.org

California Dental Association

1201 K Street
Sacramento, CA 95814
(916) 443-0505
(800) 736-8702*
Fax: (916) 443-2943
info@cda.org
www.cda.org

Colorado Dental Association

3690 S. Yosemite, #100
Denver, CO 80237-1808
(303) 740-6900
(800) 343-3010
Fax: (303) 740-7989
info@cdaonline.org
www.cdaonline.org

Connecticut State Dental Association

62 Russ Street
Hartford, CT 06106-1522
(860) 278-5550
Fax: (860) 244-8287
noel@csda.com
www.csda.com

Delaware State Dental Society

The Christiana Executive Campus
200 Continental Drive, Ste. 111
Newark, DE 19713
(302) 368-7634
Fax: (302) 368-7669
dsds@dol.net
www.delawarestatedentalsociety.org

District of Columbia Dental Society

502 C Street N.E.
Washington, DC 20002-5810
(202) 547-7613
Fax: (202) 546-1482
info@dcdental.org
www.dcdental.com

Florida Dental Association

1111 E. Tennessee St., #102
Tallahassee, FL 32308-6913
(850) 681-3629
(800) 877-9922
Fax: (850) 561-0504
fdad@floridadental.org
www.floridadental.org

Georgia Dental Association

7000 Peachtree Dunwoody Rd., NE
Building 17, Suite 200
Atlanta, GA 30328
(404) 636-7553
(800) 432-4357*
Fax: (404) 633-3943
phillips@gadental.org
www.gadental.org

Hawaii Dental Association

1345 S. Beretania St., #301
Honolulu, HI 96814
(808) 593-7956
(800) 359-6725
Fax: (808) 593-7636
hda@hawaiidentalassociation.net
www.hawaiidentalassociation.net

Idaho State Dental Association

1220 W. Hays Street
Boise, ID 83702
(208) 343-7543
(800) 932-8153*
Fax: (208) 343-0775
info@isdaweb.com
www.isdaweb.com

Illinois State Dental Society

1010 S. Second street
Springfield, IL 62704
(217) 525-1406
(800) 475-4737*
Fax: (217) 525-8872
info@isds.org
www.isds.org

Indiana Dental Association

P. O. Box 2467
Indianapolis, IN 46206
(317) 634-2610
(800) 562-5646
Fax: (317) 634-2612
dbush@indental.org
www.indental.org

Iowa Dental Association

505 5th Ave., #333
Des Moines, IA 50309-2379
(515) 282-7250
(800) 828-2181
Fax: (515) 282-7256
info@iowadental.org
www.iowadental.org

Kansas Dental Association

5200 S.W. Huntoon St.
Topeka, KS 66604-2398
(785) 272-7360
(800) 432-3583
Fax: (785) 272-2301
kevin@ksdental.org
www.ksdental.org

Kentucky Dental Association

1940 Princeton Drive
Louisville, KY 40205
(502) 459-5373
(800) 292-1855
Fax: (502) 458-5915
mike@kyda.org
www.kyda.org

Louisiana Dental Association

7833 Office Park Blvd.
Baton Rouge, LA 70809
(225) 926-1986
(800) 388-6642
Fax: (225) 926-1886
info@ladental.org
www.ladental.com

Maine Dental Association

P. O. Box 215
Manchester, ME 04351-0215
(207) 622-7900
(800) 369-8217
Fax: (207) 622-6210
info@medental.org
www.medental.org

Maryland State Dental Association

6410 Dobbin Road, Suite F
Columbia, MD 21045
(410) 964-2880
(800) 766-2880*
Fax: (410) 964-0583
cfowler@msda.com
www.msda.com

Massachusetts Dental Society

2 Willow St., #200
South Borrough, MA 01745
(508) 480-9797
(800) 342-8747
Fax: (508) 480-0002
madental@massdental.org
www.massdental.org

Michigan Dental Association

230 Washington Square North, #208
Lansing, MI 48933
(517) 372-9070
(800) 589-2632*
Fax: (517) 372-0008
mida@michigandental.org
www.michigandental.org

Minnesota Dental Association

2236 Marshall Avenue
St. Paul, MN 55104-5758
(651) 646-7454
(800) 950-3368
Fax: (651) 646-8246
info@mndental.org
www.mndental.org

Mississippi Dental Association

2630 Ridgewood Road
Jackson, MS 39216
(601) 982-0442
Fax: (601) 366-3050
office@msdental.org
www.ms dental.org

Missouri Dental Association

3340 American Avenue
P. O. Box 104900
Jefferson City, MO 65110-4900
(573) 634-3436
(800) 688-1907
Fax: (573) 635-0764
jake@modental.org
www.modental.org

Montana Dental Association

P. O. Box 1154
Helena, MT 59624
(406) 443-2061
(800) 257-4988*
Fax: (406) 443-1546
mda@mt.net
www.mtdental.com

Nebraska Dental Association

3120 "O" Street
Lincoln, NE 68510
(402) 476-1704
(800) 234-3120*
Fax: (402) 476-2641
info@nedental.org
www.nedental.org

Nevada Dental Association

8863 W. Flamingo Rd.
Las Vegas, NV 89147-8718
(702) 255-4211
(800) 962-6710
Fax: (702) 255-3302
nda@lasvegas.net
www.nvda.org

New Hampshire Dental Society

P. O. Box 2229
Concord, NH 03302
(603) 225-5961
(800) 244-5961*
Fax: (603) 226-4880
info@nhds.org
www.nhds.org

New Jersey Dental Association

One Dental Plaza
P. O. Box 6020
North Brunswick, NJ 08902-6020
(732) 821-9400
(800) 831-6532*
Fax: (732) 821-1082
ameisel@njda.org
www.njda.org

New Mexico Dental Association

9201 Montgomery Blvd. N.E., Suite 601
Albuquerque, NM 87111
(505) 294-1368
(888) 589-6632
Fax: (505) 294-9958
kcravens@nmdental.org
www.newmexicodental.org

New York State Dental Association

121 State Street, 4th Floor
Albany, NY 12207-1622
(518) 465-0044
(800) 255-2100*
Fax: (518) 465-3219
info@nysdental.org
www.nysdental.org

North Carolina Dental Society

P. O. Box 4099
Cary, NC 27519
(919) 677-1396
(800) 662-8754
Fax: (919) 677-1397
ncds@ncdental.org
www.ncdental.org

North Dakota Dental Association

P. O. Box 1332
Bismarck, ND 58502
(701) 223-8870
(800) 795-8870
Fax: (701) 223-0855
ndda@olsoncichy.com
www.nddental.com

Ohio Dental Association

1370 Dublin Road
Columbus, OH 43215
(614) 486-2700
(800) 282-1526
Fax: (614) 486-0381
dentist@oda.org
www.oda.org

Oklahoma Dental Association

629 NW Grand Blvd., Suite A
Oklahoma City, OK 73118-6032
(405) 848-8873
(800) 876-8890
Fax: (405) 848-8875
oda@okdentassoc.org
www.okdentassoc.org

Oregon Dental Association

17898 S.W. McEwan Rd.
Portland, OR 97224
(503) 620-3230
(800) 452-5628*
Fax: (503) 620-4169
info@oregondental.org
www.oregondental.org

Pennsylvania Dental Association

P. O. Box 3341
Harrisburg, PA 17105
(717) 234-5941
(800) 223-0016
Fax: (717) 232-7169
ckc@padental.org
www.padental.org

Colegio de Cirujanos Dentistas de Puerto Rico

Avenida Domenech, #200
Hato Rey, PR 00918
(787) 764-1969
Fax: (787) 763-6335

Rhode Island Dental Association

200 Centerville Road
Warwick, RI 02886
(401) 732-6833
Fax: (401) 732-9351
info@ridental.com
www.ridental.com

South Carolina Dental Association

120 Stonemark Lane
Columbia, SC 29210
(803) 750-2277
(800) 327-2598
Fax: (803) 750-1644
zornh@scda.org
www.scda.org

South Dakota Dental Association

P. O. Box 1194
Pierre, SD 57501-1194
(605) 224-9133
Fax: (605) 224-9168
info@sddental.org
www.sddental.org

Tennessee Dental Association

P. O. Box 120188
Nashville, TN 37212
(615) 383-8962
(800) 824-9722*
Fax: (615) 383-0214
tda@tenndental.org
www.tenndental.org

Texas Dental Association

1946 South IH-35, Suite 400
Austin, TX 78704
(512) 443-3675
Fax: (512) 443-3031
manykay@tda.org
www.tda.org

Utah Dental Association

1151 E. 3900 S., #B160
Salt Lake City, UT 84124
(801) 261-5315
(800) 662-6500*
Fax: (801) 261-1235
uda@uda.org

Vermont State Dental Society

100 Dorset Street, #18
South Burlington, VT 05403
(802) 864-0115
(800) 640-5099*
Fax: (802) 864-0116
info@vsds.org
www.vsds.org

Virgin Islands Dental Association

Med Arts Complex – Suite 10
St. Thomas, VI 00802
(340) 777-5950
Fax: (340) 775-4172
jawdocvi@netscape.net

Virginia Dental Association

7525 Staples Mill Road
Richmond, VA 23228
(804) 261-1610
(800) 552-3886*
Fax: (804) 261-1660
dickinson@vadental.org
www.vadental.org

Washington State Dental Association

2033 6th Ave., #333
Seattle, WA 98121-2514
(206) 448-1914
(800) 448-3368*
Fax: (206) 443-9266
wdsda@wdsda.org
www.wdsda.org

West Virginia Dental Association

2003 Quarrier Street
Charleston, WV 25311
(304) 344-5246
Fax: (304) 344-5316
wvrd@sdl.com
www.wvdental.org

Wisconsin Dental Association

111 E. Wisconsin Avenue, #1300
Milwaukee, WI 53202
(414) 276-4520
(800) 364-7646
Fax: (414) 276-8431
dmcguire@wda.org
www.wda.org

Wyoming Dental Association

502 S. Fourth Street
Laramie, WY 82070
(307) 755-4009
(800) 244-0779
Fax: (307) 745-8009
keefeo2000@yahoo.com
www.medicinebow.org/wyodental