



# INDIVIDUAL MEMBERSHIP APPLICATION

If your school or program is not a member of the American Dental Education Association (ADEA), we invite you to complete this application and return it with your membership dues. If your school or program is an ADEA Institutional Member, you may join ADEA at no charge online at [www.aeda.org/join](http://www.aeda.org/join).

**Renewing and reinstated Members: Please note any changes in contact information or education below.**

## Contact Information

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle initial \_\_\_\_\_  
 Member ID (Renewing and reinstated) \_\_\_\_\_ Preferred name or nickname \_\_\_\_\_  
 Position, title, or academic rank \_\_\_\_\_  
 Preferred mailing address \_\_\_\_\_  
 Organization or institution (if part of address) \_\_\_\_\_  
 Department or division (if part of address) \_\_\_\_\_  
 City \_\_\_\_\_ State or province \_\_\_\_\_ Postal code \_\_\_\_\_  
 Country (if not U.S.A.) \_\_\_\_\_  
 Office telephone (include extension) \_\_\_\_\_ Home telephone \_\_\_\_\_  
 Cell \_\_\_\_\_ Fax \_\_\_\_\_  
 Email address \_\_\_\_\_ Is this home or office email? \_\_\_\_\_  
 Personal website (e.g., [www.mysite.edu/dept/mypage.html](http://www.mysite.edu/dept/mypage.html)) \_\_\_\_\_

In member directory, please do not publish my email address     Please do not publish my personal website  
 Date of birth (mm/dd/yyyy) \_\_\_\_\_ (For ADEA use only, will not be published or released)

## Education

All degrees and certifications earned \_\_\_\_\_  
 Institution granting your highest degree (full name) \_\_\_\_\_  
 Year awarded \_\_\_\_\_ Highest degree anticipated \_\_\_\_\_ Year anticipated \_\_\_\_\_

## ADEA Sections and Special Interest Groups

All ADEA members may join as many ADEA Sections and ADEA Special Interest Groups (ADEA SIGs) as they wish at no additional cost. Select from the list below. Sections are organized only by discipline. An ADEA SIG is a community organized around a topic or issue.

### ADEA Sections (check as many as apply)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Academic Affairs                          | <input type="checkbox"/> Continuing Education                              | <input type="checkbox"/> Gay-Straight Alliance  | <input type="checkbox"/> Oral Biology                               |
| <input type="checkbox"/> Anatomical Sciences                       | <input type="checkbox"/> Dental Anatomy and Occlusion                      | <input type="checkbox"/> Gerontology and Geriatrics Education                         | <input type="checkbox"/> Oral Diagnosis/Oral Medicine               |
| <input type="checkbox"/> Behavioral Science                        | <input type="checkbox"/> Dental Assisting Education                        | <input type="checkbox"/> Graduate and Postgraduate Education                          | <input type="checkbox"/> Orthodontics                               |
| <input type="checkbox"/> Biochemistry, Nutrition, and Microbiology | <input type="checkbox"/> Dental Hygiene Education                          | <input type="checkbox"/> Minority Affairs   | <input type="checkbox"/> Pediatric Dentistry                        |
| <input type="checkbox"/> Business and Financial Administration     | <input type="checkbox"/> Dental Informatics                                | <input type="checkbox"/> Operative Dentistry and Biomaterials                         | <input type="checkbox"/> Periodontics                               |
| <input type="checkbox"/> Cariology                                 | <input type="checkbox"/> Dental School Admissions Officers                 | <input type="checkbox"/> Oral and Maxillofacial Pathology                             | <input type="checkbox"/> Physiology, Pharmacology, and Therapeutics |
| <input type="checkbox"/> Clinic Administration                     | <input type="checkbox"/> Development, Alumni Affairs, and Public Relations | <input type="checkbox"/> Oral and Maxillofacial Radiology                             | <input type="checkbox"/> Postdoctoral General Dentistry             |
| <input type="checkbox"/> Clinical Simulation                       | <input type="checkbox"/> Educational Research/Development and Curriculum   | <input type="checkbox"/> Oral and Maxillofacial Surgery/Anesthesia/Hospital Dentistry | <input type="checkbox"/> Practice Management                        |
| <input type="checkbox"/> Community and Preventive Dentistry        | <input type="checkbox"/> Endodontics                                       |   | <input type="checkbox"/> Prosthodontics                             |
| <input type="checkbox"/> Comprehensive Care and General Dentistry  |  |   | <input type="checkbox"/> Student Affairs and Financial Aid          |

**ADEA Special Interest Groups (ADEA SIGs) (check as many as apply)**

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Career Development for the New Educator | <input type="checkbox"/> Foreign Educated Dental Professionals     | <input type="checkbox"/> Lasers in Dentistry                  | <input type="checkbox"/> Temporomandibular Disorders (TMD) |
| <input type="checkbox"/> Dental Hygiene Clinical Coordinators    | <input type="checkbox"/> Graduate Dental Hygiene Program Directors | <input type="checkbox"/> Legal Issues                         | <input type="checkbox"/> Tobacco-Free Initiatives          |
|  | <input type="checkbox"/> Implant Dentistry                         | <input type="checkbox"/> Scholarship of Teaching and Learning |  |

**Membership Category**

- Individual \$125
- Retired faculty (you were an ADEA member for at least five years and you have retired from dental or allied dental education and practice) \$62.50
- Student, resident, or fellow (allied, predoctoral, or postdoctoral dental) \$40

Membership Dues \_\_\_\_\_

**Subscription to the *Journal of Dental Education* (Print Edition)**

Your membership includes online access to the *Journal of Dental Education (JDE)* at no additional cost. You may receive 12 print issues per year at the member rate of just \$80; nonmembers pay \$125.

- No, I do not want to subscribe right now.
- Yes, I would like to subscribe to the *JDE* print edition.

Subscription to *JDE* Print Edition \_\_\_\_\_

**Payment**

Total Payment \_\_\_\_\_

- Check (payable to ADEA; all checks must be drawn on a U.S. bank in U.S. dollars)
- Credit card (please check:  MasterCard  Visa  American Express  Discover )

Credit card number \_\_\_\_\_ Expiration date \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

Print card holder's name \_\_\_\_\_

Cardholder's complete billing address \_\_\_\_\_

Cardholder's email \_\_\_\_\_

Cardholder's telephone number \_\_\_\_\_

**How did you come to know ADEA?**

- Journal of Dental Education*
- Bulletin of Dental Education Online*
- Other publication
- Friend or colleague
- ADEA meeting
- Other  
(please specify: \_\_\_\_\_)

**Four easy ways to join or renew**

**Mail** this form to

ADEA Membership  
1400 K Street NW, Suite 1100  
Washington, DC 20005

**Fax** this form to +202-289-7204

**Online** at [www.adea.org/join](http://www.adea.org/join)

**Call** +202-289-7201

For U.S. citizens only: ADEA dues are not deductible as a charitable contribution for federal income tax purposes, but they may be deductible as a business expense. ADEA estimates that 5% of dues are not deductible because of ADEA's lobbying activities on behalf of its members.

Supersedes individual membership application forms prior to 1/10/2012