



## Corporate Membership Application

ADEA Corporate Member annual dues: \$3,400.

ADEA Corporate Membership includes 10 Individual Membership slots for your staff

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Company Name

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Street Address

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Street address line 2

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City	State or Province	ZIP or Postal Code
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Main Telephone number	Fax:	Website
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Primary Contact: Name	Title	Email
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Alternate Contact: Name	Title	Email
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Billing Contact: Name	Title	Email
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Primary contact's signature

This one-time application is subject to approval on a quarterly basis (January, April, July, and October) by ADEA's Board of Directors. Please submit a brief description of your organization (maximum length: one page) with application. ADEA Member Services will contact you.

The company name will be listed on the ADEA Corporate Member roster exactly as shown above, the primary contact will be the company's representative on ADEA's Corporate Council. Additional staff members may then activate free individual memberships at [www.adea.org/join](http://www.adea.org/join). (Limit: 9 additional slots)

Please return this completed application to

Office address:  
**American Dental Education Association**  
**1400 K Street, NW, Suite 1100**  
**Washington, DC 20005**  
**Email: [membership@adea.org](mailto:membership@adea.org)**  
**Fax 202-289-7201**

Payment remittance address:  
American Dental Education Association  
Corporate Membership  
Department 0741  
Washington, DC 20073-0741

\* Pre-payment is **not** required. ADEA will send an invoice after approval.