

Welcome to ADEA. It is your participation that makes ADEA the voice of dental education.

**Membership Category** (see reverse for complete definition of each category and dues)

- Active
- Affiliate
  - a. Canadian Dental School
  - b. Academic Institution conducting postdoctoral dental education program
  - c. Hospital conducting postdoctoral dental education program
  - d. U.S. Air Force, Army, Navy, Public Health Service, or Department of Veterans Affairs or comparable Canadian agency
  - e. Dental hygiene, dental assisting, or laboratory technology education program
  - f. Institution conducting other dental or allied dental education program
- Provisional

## Institutional Information

Parent institution (e.g., university, college) \_\_\_\_\_

Dental institution or program name \_\_\_\_\_

Street address \_\_\_\_\_

City/state or province/postal code \_\_\_\_\_

Main telephone number \_\_\_\_\_

Main fax number \_\_\_\_\_

Web address \_\_\_\_\_

Chief Dental Administrator \_\_\_\_\_

His or her telephone number \_\_\_\_\_

His or her fax number \_\_\_\_\_

His or her email address \_\_\_\_\_

His or her signature \_\_\_\_\_

## Program Directors

List director(s) of programs such as dental hygiene, GPR, or specialty education below.

Program \_\_\_\_\_

Director's name \_\_\_\_\_

Web address if different from above \_\_\_\_\_

Program \_\_\_\_\_

Director's name \_\_\_\_\_

Web address if different from above \_\_\_\_\_

Program \_\_\_\_\_

Director's name \_\_\_\_\_

Web address if different from above \_\_\_\_\_

### Payment

MasterCard  VISA  American Express  Discover

Check (payable to ADEA; all checks must be drawn on a U.S. bank in U.S. dollars)

Please invoice us

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

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

Print cardholder's name \_\_\_\_\_

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

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

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

### Please return to

ADEA Membership  
1400 K Street NW, Suite 1100  
Washington, DC 20005  
Fax 202-289-7204

### Definitions of Membership Categories

**Active.** An Active Member is a dental school granting a D.D.S. or D.M.D. degree as part of an accredited college or university in the United States, Puerto Rico, or Canada that has begun instruction of its first class of dental students (a Canadian dental school may select active or affiliate membership). Dues investment: \$25,522

**Affiliate.** An Affiliate member must be in the United States, Puerto Rico, or Canada and may not be eligible for active or provisional membership. Affiliate members are of the following types:

a. Canadian dental school that is accredited by the Commission on Dental Accreditation of Canada. Dues investment: \$1,815

b. An academic institution, other than a hospital, conducting a postdoctoral dental education program. Dues investment: \$3,998

c. Hospital conducting a postdoctoral dental education program that is not governed by an active or provisional member institution. Dues investment: \$984

d. A dental education program of the United States Air Force, Army, Navy, Public Health Service, or Department of Veterans Affairs or a comparable program of the Canadian government. Dues investment: \$3,922

e. An institution conducting dental hygiene, dental assisting, or laboratory technology education programs that are not governed by an active or provisional member institution. Dues investment: \$945

f. An institution conducting a dental or allied dental education program recognized by ADEA. Dues investment: \$945

**Provisional.** A Provisional Member is a developing dental school planning to grant a D.D.S. or D.M.D. degree as part of an accredited college or university in the United States, Puerto Rico, or Canada (A Canadian dental school may select active or affiliate membership). Dues investment: \$25,522