



Corporate Membership Application

The ADEA Corporate Member dues investment is \$3,400 per year. Corporate Membership includes 10 Individual Memberships for Corporate Member staff.

Company name

Street address

Street address line 2

City

State or Province

ZIP or Postal Code

Telephone number

Fax number

Name of primary company contact

Primary contact's email address

Primary contact's title

Primary contact's signature

Upon approval of this application, the company name will be listed on the ADEA Corporate Member roster exactly as shown above, and the primary contact will automatically become an ADEA Individual Member. Also, up to nine additional staff members may then join ADEA at no charge by visiting www.adea.org and clicking the "Learn More" button under "Join ADEA."

If you wish, you may submit your corporate logo for inclusion on the ADEA Corporate Member Roster. Please email an EPS file compatible with Illustrator 4.0 to ADEA Director of Publications Merideth Menken at menkenm@adea.org.

Please return this completed application to
American Dental Education Association
1400 K Street, NW, Suite 1100
Washington, DC 20005
Fax 202-289-7204

If prepaying dues, please remit payment to
American Dental Education Association
Corporate Membership
Department 0741
Washington, DC 20073-0741

September 13, 2007