

Membership Category

Dental School

- U.S. Dental School: Annual Dues: \$26,272 (includes \$750 Deans' Conference assessment)**
 - Any dental school granting a D.D.S. or D.M.D. degree as part of an accredited college or university in the United States or one of its territories that has begun instruction of its first class of dental students, residents or fellows.
- Canadian Dental School: Annual Dues: \$2,565**
 - Any Canadian dental school accredited by the Commission on Dental Accreditation of Canada.
- International Dental School: Annual Dues: \$908**
 - Any dental school located outside of the United States, U.S. territories or Canada that is accredited by the Commission on Dental Accreditation.
- Provisional Dental School: Annual Dues: \$26,272 (includes \$750 Deans' Conference assessment)**
 - Provisional Member Institutions must be 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 or its territories.

Oral Health Programs

- U.S. Allied Program: Annual Dues: \$945**
 - Any academic institution in the United States or its territories conducting dental hygiene, dental assisting, dental therapy or laboratory technology education programs that are not governed by an active or provisional member institution.
- Canadian Allied Program: Annual Dues: \$945**
 - Any academic institution in Canada conducting dental hygiene, dental assisting, dental therapy or laboratory technology education programs that are not governed by an active or provisional member institution.
- Advanced Educational Institution: Annual Dues: \$3,998**
 - Any academic institution, other than a hospital, conducting postdoctoral dental education programs that are not governed by an active or provisional member institution..
- Hospital Program: Annual Dues: \$984**
 - Any hospital conducting postdoctoral dental education programs that are not governed by an active or provisional member institution.
- Federal Program: Annual Dues: \$3,922**
 - Any dental education program of the United States Air Force, Army, Navy, Public Health Service, Department of Veterans Affairs or comparable programs of the Canadian government.

Payment

Following approval, ADEA will send an electronic invoice to the primary email address provided on this application. Payments are accepted via mail or online. Questions? Contact us at membership@adea.org or call (202) 289-7201 ext. 554

Membership Contact Information (Complete the following membership contact information form.)

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

Administrator's telephone number

Administrator's fax number

Administrator's email address

Administrator's signature

Program Directors

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

Program

Director's name

Director's Email Address

Web address if different from above

Program

Director's name

Director's Email Address

Web address if different from above

Program

Director's name

Director's Email Address

Web address if different from above

Please return this form to:

ADEA Membership

655 K Street, Suite 800

Washington, DC 20001

Email: membership@adea.org