

Eligibility

A predoctoral student enrolled in a dental school accredited by the ADA Commission on Dental Accreditation who has an interest in endodontics and is not enrolled in an advanced specialty education program in endodontics.

Personal ID

(For AAE Office Use Only)

Personal Information

First Name Middle Initial Last Name

Nickname (if preferred) Date of Birth (month/day/year)

Degrees/Designations

Email

Phone Cell Phone

Fax Website

Address 1

Select Status: Home Office University Other

Use this information for: Shipping Billing Directory

Street Address Suite/Apt.

City State/Country Zip/Postal Code

Address 2

Select Status: Home Office University Other

Use this information for: Shipping Billing Directory

Street Address Suite/Apt.

City State/Country Zip/Postal Code

Select: Male Female

Select Ethnicity (optional):

White/Caucasian Asian/Pacific Islander Black/African American

Hispanic/Latino Middle Eastern Other _____

Application Processing Instructions

Each application must contain the following:

1. Verification of enrollment in an accredited dental school by an appropriate department head.
2. Payment of dues in U.S. currency.
3. Your signature and date.

Membership Dues Schedule

The membership dues cycle is based on the AAE fiscal year (July 1–June 30). Individuals submitting applications for Predoctoral Student membership through April will receive membership benefits for the current fiscal year. Applications received **May 1 through June 30** will be valid for the next membership fiscal year beginning July 1. Delivery of the *Journal of Endodontics* also begins in July.

Predoctoral Student Dues: **\$80 U.S.D.**

Dues are not tax deductible as a charitable contribution but may be deductible as a business expense. Consult your tax advisor.

Verification of Enrollment

"I hereby verify that _____ is enrolled in a dental school accredited by the Committee on Dental Accreditation of the American Dental Association.

Signature

Print Name

Date

Title (Program Director, Department Chair, Dean)

Education

Dental School		Country
Date Started	Graduation Date	Degree(s)
Advanced Specialty Education Program in Endodontics		
Date Started	Graduation Date	Degree(s)
Other Graduate Schools/Programs		
Date Started	Graduation Date	Degree(s)

Military

Current Military Branch	
Date Started	Expected End of Service Date

Practice Setting

Please select one:

- Private Practice (Solo) Endodontic Group Practice
- Multi-discipline Group Practice (Specialists and Generalists)
- Military/Government Practice Dental School Faculty
- Independent Contractor Not Currently in Practice
- Other _____

Payment

- Check in U.S. funds

Check Number	Amount
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Check must be clearly printed in U.S. dollars.

- Credit Card: Visa MasterCard American Express Discover

Card Holder's Name (print)	Amount
Card Number	Security Code Expiration Date

I hereby apply for membership in the American Association of Endodontists and resolve to abide by the Association's Bylaws as well as the *Principles of Ethics and Code of Professional Conduct of the American Dental Association* if accepted into membership. If I have paid by credit card, my signature authorizes payment.

Signature	Date
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