



## Eligibility

A dental staff person employed by an endodontist or by a member of the Association.

## Office Address

Company Name

Street Address

Suite/Apt.

City

State/Province

Zip/Postal Code

Phone

Fax

Website

## Employment Information

Employer's Name

Employer's AAE Membership ID#

## Application Processing Instructions

Each application must contain the following:

1. Payment of dues for all applicants in U.S. currency.
2. Signature of AAE member/employer.

## Professional Staff Group Membership Dues Schedule

The AAE membership dues cycle is based on the AAE fiscal year (July 1 – June 30). Individuals submitting applications for Professional Staff 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.

Professional Staff membership dues are \$51 per person with a one-time application fee of \$25 per group.

Number of Applicants: \_\_\_\_\_

x \$51 = \_\_\_\_\_

Group Application Fee: \_\_\_\_\_

+ \$25

Total Amount Due: \_\_\_\_\_

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

## Applicants' Personal Information

First Name

Middle Initial

Last Name

Date of Birth (month/day/year)

Gender

Email

First Name

Middle Initial

Last Name

Date of Birth (month/day/year)

Gender

Email

First Name

Middle Initial

Last Name

Date of Birth (month/day/year)

Gender

Email

First Name

Middle Initial

Last Name

Date of Birth (month/day/year)

Gender

Email

First Name

Middle Initial

Last Name

Date of Birth (month/day/year)

Gender

Email

## Payment

☐ Check in U.S. funds

Check Number

Amount

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

Signature

Date