

## Eligibility

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

## Personal ID #

(For AAE Office Use Only)

## Office Address

Company Name

Street Address

Suite/Apt.

City

State/Province

Zip/Postal Code

Phone

Fax

Website

## Applicant's Personal Information

First Name

Middle Initial

Last Name

Nickname (if preferred)

Date of Birth (month/day/year)

Degrees/Designations

Spouse/Partner Name (if applicable)

Email

Select: ☐ Male ☐ Female

Publish in the Membership Directory

Address ☐ Yes ☐ No

Email ☐ Yes ☐ No

## Payment

☐ Check in U.S. funds

Check Number

Amount

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

## Application Processing Instructions

Each application must contain the following:

1. Payment of dues in U.S. currency.
2. Signature of AAE member/employer and date.
3. Applicant's signature and date.

## Professional Staff Membership Dues Schedule

The 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: **\$51 U.S.D.**

Application Fee: **\$25 U.S.D.**

Total Amount Due: **\$76 U.S.D.**

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

## Employment Information

Start Date of Employment

Employer's Name

Employer's AAE Membership ID#

## Certification

Registered Dental Assistant: ☐ Current ☐ Not Current

Registered Dental Hygienist: ☐ Current ☐ Not Current

Credit Card: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Holder's Name (print)

Amount

Card Number

Security Code

Expiration Date

## Signature

Signature

Date