



Eligibility

A dentist enrolled in an advanced specialty education program in endodontics, an advanced education program in general dentistry or general practice residency program approved by the ADA Commission on Dental Accreditation, a foreign graduate who has completed an advanced specialty education program in an accredited U.S. dental school to obtain a license to practice dentistry/endodontics, or an endodontist who has completed dental and endodontic training in an accredited U.S. dental school and who is enrolled in a full-time advanced education program in a health-related field.

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 signature or copy of official acceptance letter to an advanced specialty education program in endodontics, an advanced placement program or a health-related program by the 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 Resident 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.

Resident 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 herby verify that Dr. _____ is

- ☐ enrolled in an accredited advanced specialty education program in endodontics to receive an endodontic certificate.
- ☐ a foreign graduate who has completed an advanced specialty education program and enrolled in an advanced placement program in an accredited U.S. dental school to obtain a license to practice dentistry/endodontics.
- ☐ a dentist enrolled in a full-time advanced education program in a health-related field.

Signature

Print Name

Date

Title (Endodontic 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
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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