



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: **\$53 U.S.D.**

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

Total Amount Due: **\$78 U.S.D.**

U.S. Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses incurred by engaging in lobbying, as defined in the law. The law requires associations to provide their members with a reasonable estimate of the non-deductible percent of their dues attributable to lobbying activities. For 2019, 1% of a member's AAE dues are allocated to lobbying activities. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes. *Reduced rate offered with membership renewal only.

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