

Eligibility

A dentist eligible for Active membership who is a full-time educator as defined by the respective university/institution, in a predoctoral department or an advanced specialty education program in endodontics accredited by the ADA Commission on Dental Accreditation or an institution that has a reciprocal agreement with the Commission are eligible for this category.

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

Ensure your application contains:

Written verification from your local (ADA component) or state dental society (ADA constituent), or the American Dental Association stating you are a member in good standing. If you do not reside in the United States, submit written verification of membership from your recognized endodontic specialty association or, if none, the equivalent national dental association of the country in which you currently reside. ADA membership is required for the first year of AAE membership.

Professional Affiliations

Current ADA or Equivalent National Dental Association (if residing outside the U.S.)
Membership Number

Educator Membership Dues Schedule

The membership dues cycle is based on the AAE fiscal year (July 1 – June 30). All memberships include a subscription to the *Journal of Endodontics*.

Full year of membership
Applications received
May 1 – December 31

Membership Dues:
\$420 U.S.D.
One-Time Application Fee:
\$50 U.S.D.
Total Amount Due: \$470 U.S.D.

Half year of membership
Applications received
January 1 – May 1

Membership Dues:
\$210 U.S.D.
One-Time Application Fee:
\$50 U.S.D.
Total Amount Due: \$260 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 2022, 1% of a member's AAE dues are allocated to lobbying activities. Dues payments and contributions are non deductible as charitable contributions for federal income tax purposes.

* Reduced rate offered with membership renewal only.

Current Teaching Appointment

Dental School	Current Appointment Start Date
Select Title: Academic Dean Assistant Dean Clinical Dean Dean Dental School Department Chair Faculty Predoc Director Program Director	
Select Status: Full-Time Part-Time Full-Time Volunteer Part-Time Volunteer	

Teaching Verification

A signature of your dean or administrative head is required to complete this application and to take advantage of the reduced fees of the Educator membership. Annual status verification will be required.

- a. "I hereby verify that _____ (name of applicant) is a full-time faculty member of _____ (name of institution)."
- b. Please state your school's criteria for classification as a full-time faculty member: _____
- c. Faculty member's time commitment per week: _____ Hours _____ Days

Signature	Title	Date
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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:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> 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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