

## 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
<b>Publish in the Membership Directory</b>		
Address:	Yes	No
Email:	Yes	No

## Payment

Check in U.S. funds

_____ Check Number	_____ Amount
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*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 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: \$57 U.S.D.**

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

**Total Amount Due: \$82 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#

Credit Card:     Visa     MasterCard     American Express     Discover

_____ Card Holder's Name (print)	_____ Amount	
_____ Card Number	_____ Security Code	_____ Expiration Date

## Signature

_____ Signature	_____ Date
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