



Eligibility

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

Office Address

Company Name		

Street Address		Suite/Apt.

City	State/Province	Zip/Postal Code

Phone	Fax	

Website		

Employment Information

Employer's Name	Employer's AAE Membership ID#

Application Processing Instructions

Each application must contain the following:

1. Payment of dues for all applicants in U.S. currency.
2. Signature of AAE member/employer.

Professional Staff Group 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 are \$57 per person with a one-time application fee of \$25 per group.

Number of Applicants: _____ x \$57 = _____

Group Application Fee: _____ + \$25

Total Amount Due: _____

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

Applicants' Personal Information

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email

First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email

Payment

Check in U.S. funds

Credit Card: Visa MasterCard American Express Discover

Check Number	Amount

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

Card Holder's Name (print)	Amount

_____	_____	_____
Card Number	Security Code	Expiration Date

Signature	Date