

Eligibility

A dentist enrolled full-time in an advanced specialty education program in endodontics as defined by their country of residence.

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 in an advanced specialty education program in endodontics, an advanced placement program or a health-related program by the appropriate department head.
2. Submission of a signed letter from the university admissions representative or director of the advanced specialty education program in endodontics on official university letterhead confirming student status, written in English.
3. Payment of dues in U.S. currency.
4. 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 International 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.

International Resident Dues: \$90 U.S.D.

Verification of Enrollment

"I herby verify that Dr. _____ is a dentist enrolled full-time in an advanced specialty program in endodontics as defined by their country of residence.

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)

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 2023, 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.

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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