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

Street Address | Suite/Apt.

City | State/Country | Zip/Postal Code

Select: ○ Male ○ Female ○ Prefer not to answer

Select Ethnicity (optional):

○ Black/African American ○ White/Caucasian ○ Asian

○ South Asian ○ Middle Eastern/North African ○ Hispanic/Latino

○ Native American/Alaskan Native ○ Native Hawaiian/Pacific Islander

○ Other _____ ○ Prefer not to answer

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: **$466 U.S.D.**
One-Time Application Fee: **$50 U.S.D.**

Total Amount Due: **$516 U.S.D.**

Half year of membership
Applications received
January 1 – May 1

Membership Dues: **$233 U.S.D.**
One-Time Application Fee: **$50 U.S.D.**

Total Amount Due: **$283 U.S.D.**

U.S. Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses incurred by engagin 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 2025, 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

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

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

American Association of Endodontists
180 N. Stetson Ave., Suite 1500, Chicago, IL 60601

Website aae.org
Email membership@aae.org
Phone 800-872-3636 (North America) or 312-266-7255 (International)
Fax 866-451-9020 (North America) or 312-266-9867 (International)