

## Eligibility

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

## Office Address

<hr/>		
Company Name		
<hr/>		
Street Address		Suite/Apt.
<hr/>		
City	State/Province	Zip/Postal Code
<hr/>		
Phone	Fax	
<hr/>		
Website		

## Employment Information

<hr/>	<hr/>
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 \$60 per person with a one-time application fee of \$25 per group.

Number of Applicants:	<hr/>	x \$64 =	<hr/>
Group Application Fee:			<b>+ \$25</b>
Total Amount Due:	<hr/>		

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

## Applicants' Personal Information

<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
First Name	Middle Initial	Last Name	Date of Birth (month/day/year)	Gender	Email
<hr/>					
<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
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
<hr/>		<hr/>		<hr/>		<hr/>
Check Number	Amount	Card Holder's Name (print)		Amount		
<hr/>		<hr/>		<hr/>		
Check must be clearly printed in U.S. dollars.		Card Number	Security Code	Expiration Date		
<hr/>		<hr/>		<hr/>		
Signature		Date				