

Eligibility

A practicing dentist who has an interest in endodontics but is not educationally qualified as an endodontist; a practicing dentist outside the United States (non-U.S. citizen) who is engaged in the full-time teaching of endodontics or the limited practice of endodontics; or a dentist whose primary concern and activity is in the area of education, administration or research in endodontics.

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

Associate 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:

\$500 U.S.D.

Application Fee:

\$50 U.S.D.

Total Amount Due: \$550 U.S.D.

Half year of membership

Applications received
January 1 – May 1

Membership Dues:

\$250 U.S.D.

Application Fee:

\$50 U.S.D.

Total Amount Due: \$300 U.S.D.

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 2026, 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				

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
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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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