

Eligibility

An endodontist, as defined by their country of residence, who meets the qualifications to be considered an endodontist by the government or recognized endodontic specialty association in the country of residence or receives approval of the AAE Board of Directors, based on educational equivalency.

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	

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 _____	

Application Processing Instructions

Each application must contain the following:

1. Written verification of membership in the recognized endodontic specialty association in the country of residence; or, if none, then the equivalent national dental association of the country of current residence.
2. Payment of dues in U.S. currency.
3. Your signature and date.

Professional Affiliations

Current ADA or Equivalent National Dental Association (if residing outside the U.S.)
Membership Number

International 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:
\$485 U.S.D.
Application Fee:
\$50 U.S.D.

Total Amount Due: \$535 U.S.D.

Half year of membership
Applications received
January 1 – May 1

Membership Dues:
\$245 U.S.D.
Application Fee:
\$50 U.S.D.

Total Amount Due: \$295 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.



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)

What inspired you to join the AAE?

Please select one:

Continuing Education Credits

Professional Affiliation

Networking

Other _____

Referred By

If you were referred by an existing AAE member, please let us know who:

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
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Card Number	Security Code	Expiration Date
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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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