



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 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 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.

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
-----------	------