

Eligibility

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

Personal ID #

(For AAE Office Use Only)

Office Address

Company Name

Street Address Suite/Apt.

City State/Province Zip/Postal Code

Phone Fax

Website

Applicant's Personal Information

First Name Middle Initial Last Name

Nickname (if preferred) Date of Birth (month/day/year)

Degrees/Designations

Spouse/Partner Name (if applicable)

Email

Select: Male Female Prefer not to answer

Publish in the Membership Directory

Address: Yes No

Email: Yes No

Payment

Check in U.S. funds

Check Number Amount

Check must be clearly printed in U.S. dollars.

Application Processing Instructions

Each application must contain the following:

1. Payment of dues in U.S. currency.
2. Signature of AAE member/employer and date.
3. Applicant's signature and date.

Professional Staff 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:	\$70 U.S.D.
Application Fee:	\$25 U.S.D.
Total Amount Due:	\$95 U.S.D.

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

Employment Information

Start Date of Employment

Employer's Name Employer's AAE Membership ID#

Credit Card: Visa MasterCard American Express Discover

Card Holder's Name (print) Amount

Card Number Security Code Expiration Date

Signature

Signature Date