american association of endodontists

# Professional Staff Group Member Application

## Eligibility

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

## Office Address

Company Name

Street Address | Suite/Apt.

City | State/Province | Zip/Postal Code

Phone | Fax

Website

## Employment Information

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: _____ x $70 = _____

Group Application Fee: + $25

Total Amount Due: _____

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

## Applicants' Personal Information

First Name | Middle Initial | Last Name | Date of Birth (month/day/year) | Gender | Email

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## 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

Signature | Date

**American Association of Endodontists**
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