

Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

Send Completed Form To:

Vermont State Dental Society
1 Kennedy Drive, Ste. L-3
So. Burlington, VT 05403

ADA American Dental Association®

America's leading advocate for oral health

Department of Membership Information
211 East Chicago Avenue, Chicago, Illinois 60611
T 312.440.2607 800.621.8099 ADA.org

Thank you for your interest in becoming a member of organized dentistry.

The American Dental Association and your state and local dental societies have a tripartite membership structure. Therefore, final approval of your application provides you with membership at all three levels of your professional associations: local, state and national. Your application will be processed and considered by your state or local society, which will provide you with additional information regarding their specific application procedures. Please apply to the society where you conduct or will conduct the major portion of your practice; your state or local society may request additional information. For complete information regarding the *Bylaws* and the *Principles of Ethics* and *Code of Professional Conduct* of the ADA which govern the professional conduct of members, please visit ADA.org/ethicsconduct. A list of state dental societies can be found at ADA.org/societydirectories.

Please complete all sections of this application. Print or type all information.

Personal Information

| | | | | | | | |
|---|--|---------|--------|---|-------------------------|---|--|
| Name (First) | | (Last) | | (Middle) | | <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| ADA ID Number (if known) | | | | Date of Birth (MM/DD/YYYY) | | | |
| Primary Office Address | | | | | | Suite | |
| City | | State | Zip | Phone (include area code) | | | |
| Email Address | | | | Fax (include area code) | | | |
| Home Address | | | | Phone (include area code) | | | |
| City | | State | Zip | Please indicate if you prefer to have mail sent to: | | Please indicate if you prefer to have email sent to: | |
| Email Address | | | | <input type="checkbox"/> Home <input type="checkbox"/> Office | | <input type="checkbox"/> Home <input type="checkbox"/> Office | |
| Spouse's Name (optional) | | (First) | (Last) | (Middle) | (Alias/Previous/Maiden) | | |
| Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | | | |
| If an ADA member encouraged you to join, please indicate: | | | Name | | State | | |

Biographical

| | | | |
|--|--|------------------------------|------------------------------|
| Dental School | | Country | Graduation Date (MM/DD/YYYY) |
| Advanced Education Program (if applicable) | | Completion Date (MM/DD/YYYY) | Certificate/ DDS/DMD Degree |
| Do you have a degree in an ADA recognized specialty? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| If yes, which specialty? | | | |
| <input type="checkbox"/> Endodontics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Orthodontics and Dentofacial Orthopedics | | | |
| <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery | | | |
| Is your practice limited to one of the above specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, which specialty? | |
| <i>Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.</i> | | | |
| Please indicate if practicing in, or looking for: | | | |
| <input type="checkbox"/> Solo <input type="checkbox"/> Group <input type="checkbox"/> Partnership <input type="checkbox"/> Associateship <input type="checkbox"/> Clinic <input type="checkbox"/> Faculty <input type="checkbox"/> Federal Dental Service | | | |
| <input type="checkbox"/> Other: | | | |

If practicing in other than a solo practice, please indicate the group or practitioner's name and location.

| | | | |
|---|--|---|-----|
| Name | | | |
| Street | | | |
| City | | State | Zip |
| Please indicate if licensed: <input type="checkbox"/> Presently <input type="checkbox"/> License pending | | If licensed, please list license number(s), date, year and state(s). Please indicate specialty license information if applicable. | |

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Personal Background

| | | |
|---|--|--------------|
| Have you ever been denied a dental license? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in which state: | If yes, why? |
| Have you ever had your license suspended or revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in which state: | If yes, why? |
| Have you ever been censured, suspended or expelled by a dentally related organization (i.e. dental society)? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, in which state: | If yes, why? |
| Have you ever been convicted of a felony or criminal offense, including driving under the influence of alcohol or drugs, but excluding minor traffic violations and parking tickets? (A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.) <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, please describe (include dates, offenses and penalties): | |

Applicant Signature

I hereby apply for a tripartite membership in the American Dental Association and resolve to abide by the *Bylaws and Principals of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card below*, my signature authorizes payment. Review the bylaws and code at ADA.org/ethicsconduct.

| | |
|-----------|----------------------|
| Signature | Date (MM/DD/YYYY) |
|-----------|----------------------|

*Your society will contact you if payment is required. Do not send payment now.

To Be Completed By Society:

| | | | |
|----------------------------|--|--------------------|--|
| Constituent Society | Date Received (MM/DD/YYYY) | Approval Name | |
| | Date Approved or Disapproved (MM/DD/YYYY) | Approval Signature | |
| Component Society | Date Received (MM/DD/YYYY) | Approval Name | |
| | Date Approved or Disapproved (MM/DD/YYYY) | Approval Signature | |
| Dues Section | ADA | \$ | Method of Payment <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express |
| | Constituent | \$ | |
| | Misc. | \$ | Credit Card Number |
| | Misc. | \$ | |
| | Component | \$ | Name on Credit Card |
| | Total Dues Owed | \$ | |

Please submit your completed 2-page application to your state or local dental society. A listing of state dental societies is available on our website at ADA.org or you may contact the ADA Department of Membership Information at 312.440.2607 for more information.

Membership in the ADA is based on the calendar year from January to December. ADA dues allocation to **JADA**, \$25.00, to **ADA News**, \$8.00, and is not deductible from the dues amount.

United States Taxpayers Please Note: The tax law prohibits taxpayers from deducting the expenses that they incur by engaging in lobbying, as defined in the law. Accordingly, only that portion of an associations' member's dues not attributable to lobbying activities remains deductible as an ordinary and necessary business expense. 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 2012, 8.8% of a member's ADA dues are allocated to lobbying activities (\$45.00 for members paying the full active dues of \$512.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

Tripartite Membership Application

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ADA State Dental Societies

Alabama Dental Association

334.265.1684
800.489.2532
Fax: 334.262.6218
greger@aldaonline.org
www.aldaonline.org

Alaska Dental Society

907.563.3003
800.478.4675*
Fax: 907.563.3009
info@akdental.org
www.akdental.org

Arizona Dental Association

480.344.5777
800.866.2732
Fax: 480.344.1442
azda@azda.org
www.azda.org

Arkansas State Dental Association

501.834.7650
800.501.2732
Fax: 501.834.7657
info@arkansasdentistry.org
www.arkansasdentistry.org

California Dental Association

800.232.7645*
Fax: 916.498.6177
membership@cda.org
www.cda.org

Colorado Dental Association

303.740.6900
800.343.3010
Fax: 303.740.7989
info@cdaonline.org
www.cdaonline.org

Connecticut State Dental Association

860.378.1800
Fax: 860.378.1807
jdenneh@csda.com
www.csda.com

Delaware State Dental Society

302.368.7634
Fax: 302.368.7669
dedeltasociety@gmail.com
www.delawarestate
dentalsociety.org

District of Columbia Dental Society

202.547.7613
Fax: 202.546.1482
info@dcidental.org
www.dcidental.org

Florida Dental Association

850.681.3629
800.877.9922
Fax: 850.561.0504
fda@floridadental.org
www.floridadental.org

Georgia Dental Association

404.636.7553
800.432.4357*
Fax: 404.633.3943
phillips@gadental.org
www.gadental.org

Hawaii Dental Association

808.593.7956
800.359.6725
Fax: 808.593.7636
hda@hawaiidental
association.net
www.hawaiidental
association.net

Idaho State Dental Association

208.343.7543
800.932.8153*
Fax: 208.343.0775
info@isdaweb.com
www.isdaweb.com

Illinois State Dental Society

217.525.1406
800.475.4737*
Fax: 217.525.8872
info@theisds.org
www.theisds.org

Indiana Dental Association

317.634.2610
800.562.5646
Fax: 317.634.2612
contact@indental.org
www.indental.org

Iowa Dental Association

515.986.5605
800.828.2181
Fax: 515.986.5626
info@iowadental.org
www.iowadental.org

Kansas Dental Association

785.272.7360
800.432.3583
Fax: 785.272.2301
kevin@ksdental.org
www.ksdental.org

Kentucky Dental Association

502.489.9121
800.292.1855
Fax: 502.489.9124
mike@kyda.org
www.kyda.org

Louisiana Dental Association

225.926.1986
800.388.6642
Fax: 225.926.1886
info@ladental.org
www.ladental.org

Maine Dental Association

207.622.7900
800.369.8217
Fax: 207.622.6210
info@medental.org
www.medental.org

Maryland State Dental Association

410.964.2880
800.766.2880*
Fax: 410.964.0583
mddent@msda.com
www.msda.com

Massachusetts Dental Society

800.342.8747
Fax: 508.480.0002
madental@massdental.org
www.massdental.org

Michigan Dental Association

517.372.9070
800.589.2632*
Fax: 517.372.0008
membership@
michigandental.org
www.smilemichigan.com/
pro

Minnesota Dental Association

612.767.8400
800.950.3368
Fax: 612.767.8500
info@mndental.org
www.mndental.org

Mississippi Dental Association

601.664.9691
Fax: 601.664.9796
office@msdental.org
www.msdental.org

Missouri Dental Association

573.634.3436
800.688.1907
Fax: 573.635.0764
info@modental.org
www.modental.org

Montana Dental Association

406.443.2061
800.257.4988*
Fax: 406.443.1546
mda@mt.net
www.mtdental.com

Nebraska Dental Association

402.476.1704
888.789.2614*
Fax: 402.476.2641
nda@windstream.net
www.nedental.org

Nevada Dental Association

702.255.4211
800.962.6710
Fax: 702.255.3302
anthony.ferreri@nvda.org
www.nvda.org

New Hampshire Dental Society

603.225.5961
800.244.5961*
Fax: 603.226.4880
info@nhds.org
www.nhds.org

New Jersey Dental Association

732.821.9400
800.831.6532*
Fax: 732.821.1082
ameisel@njda.org
www.njda.org

New Mexico Dental Association

505.294.1368
888.589.6632
Fax: 505.294.9958
mmoores@nmdental.org
www.newmexicodental.org

New York State Dental Association

518.465.0044
800.255.2100*
Fax: 518.465.3219
info@nysdental.org
www.nysdental.org

North Carolina Dental Society

919.677.1396
800.662.8754
Fax: 919.677.1397
ncds@ncdental.org
www.ncdental.org

North Dakota Dental Association

701.223.8870
800.795.8870
Fax: 701.223.0855
ndda@midconetwork.com
www.nddental.com

Ohio Dental Association

614.486.2700
800.282.1526
Fax: 614.486.0381
dentist@oda.org
www.oda.org

Oklahoma Dental Association

405.848.8873
800.876.8890
Fax: 405.848.8875
membership@okda.org
www.okda.org

Oregon Dental Association

503.218.2010
800.452.5628*
Fax: 503.218.2009
members@oregondental.org
www.oregondental.org

Pennsylvania Dental Association

717.234.5941
800.223.0016
Fax: 717.234.4301
membership@padental.org
www.padental.org

Colegio de Cirujanos Dentistas de Puerto Rico

787.764.1969
Fax: 787.763.6335
administrador@ccdpr.org
www.cpdpr.org

Rhode Island Dental Association

401.825.7700
Fax: 401.825.7722
melanie@ridental.com
www.ridental.com

South Carolina Dental Association

803.750.2277
800.327.2598*
Fax: 803.750.1644
Lathamp@scda.org
www.scda.org

South Dakota Dental Association

605.224.9133
Fax: 605.224.9168
info@sddental.org
www.sddental.org

Tennessee Dental Association

615.628.0208
800.824.9722*
Fax: 615.628.0214
tda@tenndental.org
www.tenndental.org

Texas Dental Association

512.443.3675
Fax: 512.443.3031
rachael@tda.org
www.tda.org

Utah Dental Association

801.261.5315
800.662.6500
Fax: 801.261.1235
uda@uda.org
www.uda.org

Vermont State Dental Society

802.864.0115
800.640.5099*
Fax: 802.864.0116
info@vsds.org
www.vsds.org

Virgin Islands Dental Association

340.777.6612
Fax: 340.777.6128
drbruceshrallow@
yahoo.com

Virginia Dental Association

804.288.5750
800.552.3886*
Fax: 804.288.1880
dickinson@vadental.org
www.vadental.org

Washington State Dental Association

206.448.1914
800.448.3368
Fax: 206.443.9266
info@wsda.org
www.wsda.org

West Virginia Dental Association

304.344.5246
Fax: 304.344.5316
wvrds@aol.com
www.wvdental.org

Wisconsin Dental Association

414.276.4520
800.364.7646
Fax: 414.276.8431
info@wda.org
www.wda.org

Wyoming Dental Association

307.237.1186
800.244.0779
Fax: 307.237.1187

*intra-state calls only

Note: state societies are also called constituent state societies. For the most up to date list of state contact information, visit ADA.org/societydirectories