

## Tripartite Membership Application

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

**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 see our website at <http://www.ada.org/ada/governance/index.asp>. A list of state dental societies accompanies this application.

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

### Personal

ADA Number \_\_\_\_\_ Degree  DMD  DDS  Other \_\_\_\_\_

Name \_\_\_\_\_  
First Last Middle Alias/Previous/Maiden

### Primary Office Address

Street \_\_\_\_\_ Social Security number

Date of birth \_\_\_\_\_

Suite # \_\_\_\_\_ Sex  M  F

City \_\_\_\_\_ Please indicate if you prefer to have mail sent to:

State/Zip/County \_\_\_\_\_  Office  Home

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ Please indicate if you prefer to have e-mail sent to:

E-Mail \_\_\_\_\_  Office  Home

### Home Address

Street \_\_\_\_\_ Unit # \_\_\_\_\_

City \_\_\_\_\_

State/Zip/County \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

Spouse Name \_\_\_\_\_  
First Last Middle Alias/Previous/Maiden

Is spouse a dentist?  Yes  No If an ADA member encouraged you to join, please indicate their name and state \_\_\_\_\_

### Biographical

Dental School \_\_\_\_\_ Graduation Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Country \_\_\_\_\_

Advanced Education Program \_\_\_\_\_

Completion Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Certificate/Degree \_\_\_\_\_  
MM DD YYYY

Do you have a degree or certificate in an ADA recognized specialty?  Yes  No If yes, which specialty?

Endodontics  Pediatric Dentistry  Periodontics  Public Health  Prosthodontics  Orthodontics and Dentofacial Orthopedics

Oral & Maxillofacial Pathology  Oral & Maxillofacial Radiology  Oral & Maxillofacial Surgery

Is your practice limited to one of the above specialties?  Yes  No If yes, which specialty? \_\_\_\_\_

*Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.*

Please indicate if practicing in, or looking for:

Solo  Group  Partnership  Associateship  Clinic  Faculty  Federal Dental Service  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:  Presently  License pending \_\_\_\_\_

If licensed please list license number(s), date, year and state(s). Please indicate specialty license information if applicable.

## Tripartite Membership Application

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

### Personal Background

Have you ever been denied a dental license?  Yes  No If yes, in what state? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever had your license suspended or revoked?  Yes  No If yes, in what state? \_\_\_\_\_

If yes, why? \_\_\_\_\_

Have you ever been censured, suspended or expelled by a dentally related organization (i.e., dental society)?  Yes  No

If yes, in what 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.)  Yes  No

If yes, please describe (include dates, offenses and penalties): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant Signature

I hereby apply for tripartite membership in the American Dental Association and resolve to abide by the *Bylaws and Principles of Ethics and Code of Professional Conduct* if accepted into membership. If I have paid by credit card below, my signature authorizes payment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
MM / DD / YYYY

### To Be Completed By Society:

#### Constituent Society

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date approved or disapproved \_\_\_\_\_  
MM DD YYYY

Approval signature \_\_\_\_\_ Approval name \_\_\_\_\_

#### Component Society

Date received \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Date approved or disapproved \_\_\_\_\_  
MM DD YYYY

Approval signature \_\_\_\_\_ Approval name \_\_\_\_\_

#### Dues Section

ADA ..... \$ \_\_\_\_\_ Method of payment \_\_\_\_\_

Constituent ..... \$ \_\_\_\_\_ Credit card number \_\_\_\_\_

Misc. .... \$ \_\_\_\_\_ Expiration date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Misc ..... \$ \_\_\_\_\_ Name on credit card \_\_\_\_\_

Component ..... \$ \_\_\_\_\_

Total Dues Owed ..... \$ \_\_\_\_\_

If submitting by internet email program, send to  
jennifer@ksdental.org. Some browsers may not  
allow saving of file, if so, mail to 5200 SW  
Huntoon, Topeka, KS 66604.

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 [www.ada.org](http://www.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 2010, 8.6% of a member's ADA dues paid are to be allocated to lobbying activities (\$43.00 for members paying the full active dues and assessments of \$498.00.) Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

## Constituent Dental societies of The American Dental association

### Alabama Dental Association

836 Washington Ave.  
Montgomery, AL 36104  
(334) 265-1684  
(800) 489-2532  
Fax: (334) 262-6218  
greger@aldaonline.org  
www.aldaonline.org

### Alaska Dental Society

9170 Jewel Lake Rd, #203  
Anchorage, AK 99502  
(907) 563-3003  
(800) 478-4675\*  
Fax: (907) 563-3009  
info@akdental.org  
www.akdental.org

### Arizona Dental Association

3193 N. Drinkwater Blvd.  
Scottsdale, AZ 85251-6491  
(480) 344-5777  
(800) 866-2732  
Fax: (480) 344-1442  
azda@azda.org  
www.azda.org

### Arkansas State Dental Association

7480 Hwy 107  
Sherwood, AR 72120  
(501) 834-7650  
(800) 501-2732  
Fax: (501) 834-7657  
ASDA@ardental.org  
www.ARdental.org

### California Dental Association

1201 K Street  
Sacramento, CA 95814  
(916) 443-0505  
(800) 736-8702\*  
Fax: (916) 443-2943  
membership@cda.org  
www.cda.org

### Colorado Dental Association

3690 S. Yosemite, #100  
Denver, CO 80237-1808  
(303) 740-6900  
(800) 343-3010  
Fax: (303) 740-7989  
info@cdaonline.org  
www.cdaonline.org

### Connecticut State Dental Association

835 W. Queen Street  
Southington, CT 06489  
(860) 378-1800  
Fax: (860) 378-1807  
member@csda.com  
www.csda.com

### Delaware State Dental Society

The Christiana Executive Campus  
200 Continental Drive, Ste. 111  
Newark, DE 19713  
(302) 368-7634  
Fax: (302) 368-7669  
dsds@dol.net  
www.delawarestatedentalsociety.org

### District of Columbia Dental Society

502 C Street N.E.  
Washington, DC 20002-5810  
(202) 547-7613  
Fax: (202) 546-1482  
info@dcidental.org  
www.dcdental.com

### Florida Dental Association

1111 E. Tennessee St., #102  
Tallahassee, FL 32308-6913  
(850) 681-3629  
(800) 877-9922  
Fax: (850) 561-0504  
fda@floridadental.org  
www.floridadental.org

### Georgia Dental Association

7000 Peachtree Dunwoody Rd., NE  
Building 17, Suite 200  
Atlanta, GA 30328  
(404) 636-7553  
(800) 432-4357\*  
Fax: (404) 633-3943  
phillips@gadental.org  
www.gadental.org

### Hawaii Dental Association

1345 S. Beretania St., #301  
Honolulu, HI 96814  
(808) 593-7956  
(800) 359-6725  
Fax: (808) 593-7636  
hda@hawaiidentalassociation.net  
www.hawaiidentalassociation.net

### Idaho State Dental Association

1220 W. Hays Street  
Boise, ID 83702  
(208) 343-7543  
(800) 932-8153\*  
Fax: (208) 343-0775  
info@isdaweb.com  
www.isdaweb.com

### Illinois State Dental Society

1010 S. Second Street  
Springfield, IL 62704  
(217) 525-1406  
(800) 475-4737\*  
Fax: (217) 525-8872  
info@isds.org  
www.isds.org

### Indiana Dental Association

P. O. Box 2467  
Indianapolis, IN 46206  
(317) 634-2610  
(800) 562-5646  
Fax: (317) 634-2612  
doug@indental.org  
www.indental.org

### Iowa Dental Association

5530 W. Parkway  
Suite 100  
Johnston, IA 50131  
(515) 986-5605  
(800) 828-2181  
Fax: (515) 986-5626  
info@iowadental.org  
www.iowadental.org

### Kansas Dental Association

5200 S.W. Huntoon St.  
Topeka, KS 66604-2398  
(785) 272-7360  
(800) 432-3583  
Fax: (785) 272-2301  
jennifer@ksdental.org  
www.ksdental.org

### Kentucky Dental Association

1920 Nelson Miller Pkwy  
Louisville, KY 40223-2164  
(502) 489-9121  
(800) 292-1855  
Fax: (502) 489-9124  
judy@kyda.org  
www.kyda.org

### Louisiana Dental Association

7833 Office Park Blvd.  
Baton Rouge, LA 70809  
(225) 926-1986  
(800) 388-6642  
Fax: (225) 926-1886  
info@ladental.org  
www.ladental.org

### Maine Dental Association

P. O. Box 215  
Manchester, ME 04351-0215  
(207) 622-7900  
(800) 369-8217  
Fax: (207) 622-6210  
info@medental.org  
www.medental.org

### Maryland State Dental Association

6410 Dobbin Road, Suite F  
Columbia, MD 21045  
(410) 964-2880  
(800) 766-2880\*  
Fax: (410) 964-0583  
mddent@msda.com  
www.msda.com

### Massachusetts Dental Society

Two Willow St., #200  
Southborough, MA 01745-1027  
(508) 480-9797  
(800) 342-8747  
Fax: (508) 480-0002  
madental@massdental.org  
www.massdental.org

### Michigan Dental Association

3657 Okemos Rd., Ste. 200  
Okemos, MI 48864-3927  
(517) 372-9070  
(800) 589-2632\*  
Fax: (517) 372-0008  
mda@michigandental.org  
www.smilemichigan.com

### Minnesota Dental Association

1335 Industrial Blvd., Ste. 200  
St. Paul, MN 55413-4801  
(612) 767-8400  
(800) 950-3368  
Fax: (612) 767-8500  
info@mndental.org  
www.mndental.org

### Mississippi Dental Association

2630 Ridgewood Road, Ste. C  
Jackson, MS 39216  
(601) 982-0442  
Fax: (601) 366-3050  
office@msdental.org  
www.msidental.org

### Missouri Dental Association

3340 American Avenue  
Jefferson City, MO 65109  
(573) 634-3436  
(800) 688-1907  
Fax: (573) 635-0764  
info@modental.org  
www.modental.org

### Montana Dental Association

P. O. Box 1154  
Helena, MT 59624  
(406) 443-2061  
(800) 257-4988\*  
Fax: (406) 443-1546  
mda@mt.net  
www.mtdental.com

### Nebraska Dental Association

7160 S. 29th St., Ste. 1  
Lincoln, NE 68510  
(402) 476-1704  
(800) 234-3120\*  
Fax: (402) 476-2641  
NDA@windstream.net  
jodycameron@windstream.net  
www.nedental.org

### Nevada Dental Association

8863 W. Flamingo Rd., Ste. 102  
Las Vegas, NV 89147  
(702) 255-4211  
(800) 962-6710  
Fax: (702) 255-3302  
info@nvda.org  
www.nvda.org

### New Hampshire Dental Society

23 South State St.  
Concord, NH 03301  
(603) 225-5961  
(800) 244-5961\*  
Fax: (603) 226-4880  
info@nhds.org  
www.nhds.org

### New Jersey Dental Association

One Dental Plaza  
P. O. Box 6020  
North Brunswick, NJ 08902-6020  
(732) 821-9400  
(800) 831-6532\*  
Fax: (732) 821-1082  
ameisel@njda.org  
www.njda.org

### New Mexico Dental Association

9201 Montgomery Blvd. N.E., Suite 601  
Albuquerque, NM 87111  
(505) 294-1368  
(888) 589-6632  
Fax: (505) 294-9958  
kcravens@nmdental.org  
www.newmexicodental.org

### New York State Dental Association

20 Corporate Woods, #602  
Albany, NY 12211  
(518) 465-0044  
(800) 255-2100\*  
Fax: (518) 465-3219  
info@nysdental.org  
www.nysdental.org

### North Carolina Dental Society

1600 Evans Rd.  
Cary, NC 27513  
(919) 677-1396  
(800) 662-8754  
Fax: (919) 677-1397  
ncds@ncdental.org  
www.ncdental.org

### North Dakota Dental Association

P. O. Box 1332  
Bismarck, ND 58502  
(701) 223-8870  
(800) 795-8870  
Fax: (701) 223-0855  
ndda@olsonci chy.com  
www.nddental.com

### Ohio Dental Association

1370 Dublin Road  
Columbus, OH 43215  
(614) 486-2700  
(800) 282-1526  
Fax: (614) 486-0381  
dentist@oda.org  
www.oda.org

### Oklahoma Dental Association

317 NE 13th Street  
Oklahoma City, OK 73104  
(405) 848-8873  
(800) 876-8890  
Fax: (405) 848-8875  
oda@okda.org  
www.okda.org

### Oregon Dental Association

PO Box 3710  
Wilsonville, OR 97070  
(503) 218-2010  
(800) 452-5628  
Fax: (503) 218-2009  
info@oregondental.org  
www.oregondental.org

### Pennsylvania Dental Association

P. O. Box 3341  
Harrisburg, PA 17105  
(717) 234-5941  
(800) 223-0016  
Fax: (717) 232-7169  
ckc@padental.org  
www.padental.org

### Colegio de Cirujanos Dentistas de Puerto Rico

Avenida Domenech, #200  
San Juan, PR 00918  
(787) 764-1969  
Fax: (787) 763-6335  
administrador@ccdpr.org  
www.cpdpr.org

### Rhode Island Dental Association

875 Centerville Commons, Bldg. 4, Ste. 12  
Warwick, RI 02886  
(401) 825-7700  
Fax: (401) 825-7722  
info@ridental.com  
www.ridenal.com

### South Carolina Dental Association

120 Stonemark Lane  
Columbia, SC 29210  
(803) 750-2277  
(800) 327-2598\*  
Fax: (803) 750-1644  
Lathamp@scda.org  
www.scda.org

### South Dakota Dental Association

P.O. Box 1194  
Pierre, SD 57501-1194  
(605) 224-9133  
Fax: (605) 224-9168  
info@sddental.org  
www.sddental.org

### Tennessee Dental Association

660 Bakers Bridge Ave., Ste. 300  
Franklin, TN 37067-6461  
(615) 628-0208  
(800) 824-9722\*  
Fax: (615) 628-0214  
tda@tenndental.org  
www.tenndental.org

### Texas Dental Association

1946 South IH-35, Suite 400  
Austin, TX 78704  
(512) 443-3675  
Fax: (512) 443-3031  
rachael@tda.org  
www.tda.org

### Utah Dental Association

1151 E. 3900 S., #B160  
Salt Lake City, UT 84124  
(801) 261-5315  
(800) 662-6500  
Fax: (801) 261-1235  
uda@uda.org  
www.uda.org

### Vermont State Dental Society

100 Dorset Street, #18  
South Burlington, VT 05403  
(802) 864-0115  
(800) 640-5099\*  
Fax: (802) 864-0116  
info@vsds.org  
www.vsds.org

### Virgin Islands Dental Association

Med Arts Complex - Suite 10  
St. Thomas, VI 00802  
(340) 777-5950  
Fax: (340) 775-4172  
jawdocvi@netscape.net

### Virginia Dental Association

7525 Staples Mill Road  
Richmond, VA 23228  
(804) 261-1610  
(800) 552-3886\*  
Fax: (804) 261-1660  
dickinson@vadental.org  
www.vadental.org

### Washington State Dental Association

1001 Fourth Ave., Ste. 3800  
Seattle, WA 98154  
(206) 448-1914  
(800) 448-3368\*  
Fax: (206) 443-9266  
wsda@wsda.org  
www.wsda.org

### West Virginia Dental Association

2016 1/2 Kanawha Blvd. E  
Charleston, WV 25311  
(304) 344-5246  
Fax: (304) 344-5316  
wvrd@aol.com  
www.wvdental.org

### Wisconsin Dental Association

6737 W. Washington St. Ste 2360  
West Allis, WI 53214  
(414) 276-4520  
(800) 364-7646  
Fax: (414) 276-8431  
info@wda.org  
www.wda.org

### Wyoming Dental Association

PO Box 40019  
Casper, WY 82604  
(307) 237-1186  
(800) 244-0779  
Fax: (307) 237-1186  
wyodental@gmail.com  
www.wyda.org