Tax Deductions

It's recommended you keep a copy of this section for accounting purposes.

Lobbying Notice

Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes to the extent that payments are not made to 501(c)(3) organizations. United States taxpayers please note: Under tax law, only that portion of an association member's dues not attributable to lobbying activities is deductible as an ordinary and necessary business expense.
For 2027, **5% of ADA dues** and **7.5% of KDA dues** are allocable to lobbying activities and are therefore, **non-deductible** as a business expense.

Voluntary Contributions

- ***Kansas Dental Political Action Committee (KDPAC)**
  This is a *voluntary contribution* and **not deductible** for federal income tax purposes. Contributions are **not limited to the suggested amount**.
- ****Kansas Mission of Mercy (KMoM)**
  This is a *voluntary, tax-deductible contribution* supporting charitable dental care throughout Kansas.
- *****American Dental Association Political Action Committee (ADPAC)**
  This is a *voluntary contribution* and **not deductible** for federal income tax purposes. Contributions are **not limited to the suggested amount**.

Ethics Pledge

By renewing membership, I pledge to adhere to the **ADA/KDA Principles of Ethics and Code of Professional Conduct**.

Payment Options

Payment Deadline

Membership dues must be **paid in full or an installment plan established by March 31, 2027**. Tripartite membership will be **canceled**, and all benefits will **cease** if an installment or auto-renew payment plan is canceled before the current year's dues are paid in full.

If you are **retired** or plan to retire **before March 31, 2027**, please email **tasha@ksdental.org** or call the KDA Office at **785-272-7360**.

How to Pay

- Complete this dues statement **or** pay online at **ksdental.org**.
  - From the homepage, click **JOIN/RENEW**, log in using your **email address and password**, and follow the prompts.
  - The login email must match the one on file. For login issues, contact the **ADA Member Service Center** at 312-440-2500 or msc@ada.org, or contact the **KDA Office** directly.
- **Check Payments:** Make checks payable to the **Kansas Dental Association.** If paying by check, please deduct $30 from the total amount remitted.

Credit Card Payments

- A **one-time $30 convenience fee** applies to **all credit card payments.**

Installment Payment Plans: This plan allows members to pay dues in **4, 6, or 12 equal monthly installments** using a credit card.

- **Checks are not accepted** for installment payments.
- The **first payment** will run the day you sign up.
- Installment amounts will automatically adjust based on your signup month to ensure dues are paid in full by **December 2027**.

Payment Plan Options: Payment plans are NOT available until January 2027

- **4 Equal Installments:** run on the **15th** of each month.
- **6 Equal Installments:** run on the **5th** of each month.
- **12 Equal Installments:** run on the **10th** of each month.

Auto-Renew Option: This option allows an automatic renewal of membership dues annually via credit card, with the choice of 1 annual payment, or a 4, 6, or 12-month payment plan. Payments will continue automatically each year unless the member cancels. To cancel or update auto-renew information, contact the **KDA Office**. Members can also update credit card details anytime at **myaccount.ada.org**.
Voluntary contributions will automatically renew each year unless modified. To adjust future voluntary contribution amounts, update your preferences online or contact the KDA Office.

Payment Information

Credit Card Number

Exp Date _____ CSV Code _____

Billing Name _____

Billing Address _____

City _____ State _____ Zip _____

Phone No. _____

☐ Personal Payment OR ☐ Corporate Payment

Signature (Required) _____

KDA Accepts

VISA MasterCard AMERICAN EXPRESS DISCOVER NETWORK

PAYMENT OPTIONS

FULL AMOUNT:

☐**CREDIT** ☐**CARD** ☐**CHECK** _____

INSTALLMENT PLAN:

Choose # of payments ☐**4** ☐**6** ☐**12**

AUTO-RENEW:

☐**Annually** ☐**4 mthly** ☐**6 mthly** ☐**12 mthly**