

American Dental Association
The New York State Dental Association
Dental Society

Graduate Student/Resident
Membership Application

Graduate student membership is available in organized dentistry to any dentist who is engaged full-time in a residency or advanced education program of not less than one academic year's duration in a program accredited by the ADA commission on Dental Accreditation.

PERSONAL INFORMATION

ADA Number _____ SSN _____ Birthdate _____
Name _____
(Last) (First) (Middle)
Address _____ City _____ State _____ Zip _____
Phone (____) _____ Email Address _____ License # _____

PREVIOUS EDUCATION

Dental School _____ Graduation Date _____
Previous Advanced Education Program _____
(school/hospital) (city/state)
Graduation Date _____ Degree _____
Specialty - Please check one
 Oral Surg (10) Endo (15) Ortho (20) Pedo (30) Perio (40) Prostho (50) Oral Path (60) Public Health (70) Other

CURRENT ADVANCED EDUCATION PROGRAM

School/Hospital _____ City/State _____
Specialty - Please check one
 Oral Surg (10) Endo (15) Ortho (20) Pedo (30) Perio (40) Prostho (50) Oral Path (60) Public Health (70) Other
Is this program a Dental Program Medical School Other
Program Start Date _____ Completion Date _____

PROGRAM VERIFICATION/REGISTRAR'S STAMP This section **MUST** be completed before application can be processed.

This is to verify that the above dentist is currently enrolled full-time in the above advanced education program.
Signed _____ Program Start Date _____
Program Director or Registrar's Stamp Here

PAYMENT

Please check your choice of dues
 Tripartite dues \$ _____ (ADA & NYSDA \$40 + local society dues) ADA & NYSDA Only \$40 ADA Only \$30
 NYSDA Only \$10 Local society only \$ _____
 Enclosed is my check for membership dues For the 20____ membership year
NOTE: If entering a graduate program within 12 months of completion of DDS or DMD degree, by choosing not to pay ADA dues, you will not be eligible for ADA reduced dues that would begin the year following completion of your residency program. And to remain eligible, you must maintain ADA graduate student membership each year.

APPLICANT SIGNATURE

I hereby apply for graduate student membership in the above checked dental society(s), and resolve to abide by the *Bylaws* and the *Code of Ethics* and *Professional Conduct* if accepted into membership. I understand that if I have chosen not to pay dues to the American Dental Association, I will not be eligible for ADA reduced dues at the completion of my residency.
Signed _____ Date _____

Membership in the American Dental Association is based on a calendar year from January to December. There is no charge for student member's subscription to *The Journal of the American Dental Association*, *ADA News*, *New York State Dental Journal* and *NYSDA News*. 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. Only that portion of an association member's dues not attributable to lobbying activities is deductible as an ordinary and necessary business expense. For 2008 9.6% of American Dental Association dues and 7.96% of NYSDA dues is allocated to lobbying activities and nondeductible as a business expense.