

Nonpracticing Membership Application

Nonpracticing membership in the American Dental Association is available to any dentist who has a dental degree from any country, resides in the U.S. or its territories, does **not** hold a U.S. dental license, nor has a revoked U.S. dental license, is not receiving compensation for delivering patient care and is ineligible for any other type of membership in this Association.

Please print or type all information.

Personal Information

Name (First)			(Last)	(Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female
ADA ID Number				Date of Birth (MM/DD/YYYY)	
Spouse's Name (optional)				Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Office Address				Phone (include area code)	
City	State	Zip		Fax (include area code)	
Home Address				Phone (include area code)	
City	State	Zip		Please indicate if you prefer to have mail sent to: <input type="checkbox"/> Home <input type="checkbox"/> Office	
Email Address					

Biographical Information

Dental School	Country	Graduation Date (MM/DD/YYYY)
<input type="checkbox"/> Copy of dental school diploma enclosed.	Degree	
Graduate School	Country	Graduation Date (MM/DD/YYYY)
Degree		
Please list all states in which you are licensed (include license numbers):		

Employment Description

Please provide a brief description of the company or organization you work for, if you are employed. Describe the type of dentally-related work in which you are engaged, if applicable.

Payment

<input type="checkbox"/> Enclosed is my check for membership dues	<input type="checkbox"/> Please charge my dues to the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Amount enclosed for the current membership year: \$	Card #	Security Code	Expiration Date
	Signature		

Applicant Signature

I hereby apply for Nonpracticing membership in the American Dental Association and resolve to abide by the *Bylaws* and the *Principles of Ethics and Code of Professional Conduct* if accepted into membership. I am not licensed to practice dentistry in the United States.

Signature Date (MM/DD/YYYY)

Please return your completed form to the Department of Membership Information at the above address. Your application and credit card payment may also be faxed to 312.440.2898.

Membership in the ADA is based on the calendar year from January to December. Dues include \$25.00 allocation for subscription to **The Journal of the American Dental Association** and \$8.00 for the **ADA News** 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 2016, 8% of a member's ADA dues are allocated to lobbying activities. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.