

Membership Application

For membership in the American Dental Association and your state/local/district dental society (where applicable)

Department of Membership Operations
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.

The American Dental Association and your state and local/district (if applicable) 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/district, state and national. Your application will be processed and considered by your state or local/district 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/district 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.

You may also be able to apply online. Please check your state dental society website for instructions.

Personal Information

Name (First)		(Last)	(Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
ADA ID Number (optional)		Date of Birth (MM/DD/YYYY)		Website Address	
Primary Office Address				Suite	
City		State	Zip	Office Phone (include area code)	
Office Email			Fax (include area code)		
Home Address			Mobile Phone (include area code)		
City		State	Zip	Please indicate if you prefer to have mail sent to:	
Home Email			<input type="checkbox"/> Home <input type="checkbox"/> Office		Please indicate if you prefer to have email sent to: <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
Race <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Report					

Biographical

Dental School		Country	Graduation Date (MM/DD/YYYY)
Advanced Education Program (if applicable)		Completion Date (MM/DD/YYYY)	Certificate/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"/> Anesthesiology	<input type="checkbox"/> Endodontics	<input type="checkbox"/> Oral & Maxillofacial Pathology	<input type="checkbox"/> Oral & Maxillofacial Radiology
<input type="checkbox"/> Oral Medicine	<input type="checkbox"/> Orofacial Pain	<input type="checkbox"/> Orthodontics & Dentofacial Orthopedics	<input type="checkbox"/> Pediatric Dentistry
<input type="checkbox"/> Prosthodontics	<input type="checkbox"/> Public Health	<input type="checkbox"/> Oral & Maxillofacial Surgery	<input type="checkbox"/> Periodontics
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"/> Other:	<input type="checkbox"/> Clinic	<input type="checkbox"/> Faculty	<input type="checkbox"/> Federal Dental Service

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? <small>(A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.)</small> <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (include dates, offenses and penalties):	
Please indicate how well each of the following 2 statements describes you: (0 = Does not describe me at all → 10 = Describes me completely)		
1. Helping people is the #1 reason I became a dentist		2. Every day I seek excellence in the diagnosis and treatment of complex problems
How proud were you at each of the following moments in your dental career? (0 = Not at all proud/Not applicable → 10 = Extremely proud)		
1. Graduating from dental school 2. When a patient showed extreme gratitude after a procedure 3. Helping a specific patient that was in need 4. Successfully treating an extremely complex case for the first time		Now, we would like to learn more about your work and personal beliefs. After you read each statement, please indicate how well each statement describes you. (0 = Never or definitely no → 10 = Always or definitely yes) 1. If a coworker gets a prize, I would feel proud 2. The well-being of my coworkers is important to me 3. To me, pleasure is spending time with others 4. I feel good when I cooperate with others

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)
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*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.	\$	Expiration Date (MM/YY)	Security Code
	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 Operations 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 2021, 6.8% 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.

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ADA State Dental Societies

Alabama Dental Association

334.265.1684
800.489.2532
Fax: 334.262.6218
membership@aldaonline.org
aldaonline.org

Alaska Dental Society†

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

Arizona Dental Association†

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

Arkansas State Dental Association

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

California Dental Association

800.232.7645*
Fax: 916.443.2943
contact@cda.org
cda.org

Colorado Dental Association

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

Connecticut State Dental Association†

860.378.1800
Fax: 860.378.1807
info@cstda.com
cstda.com

Delaware State Dental Society

302.368.7634
Fax: 302.368.7669
dedentalsociety@gmail.com
delawarestate
dentalsociety.org

District of Columbia Dental Society†

202.367.1163
Fax: 202.367.2163
info@dcdental.org
dcdental.org

Florida Dental Association†

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

Georgia Dental Association†

404.636.7553
800.432.4357*
Fax: 404.633.3943
katherine@gadental.org
gadental.org

Hawaii Dental Association

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

Idaho State Dental Association†

208.343.7543
800.932.8153*
Fax: 208.343.0775
info@isdaweb.org
theisda.org

Illinois State Dental Society†

217.525.1406
800.475.4737*
Fax: 217.525.8872
info@isds.org
isds.org

Indiana Dental Association†

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

Iowa Dental Association

515.331.2298
800.828.2181
Fax: 515.334.8007
info@iowadental.org
iowadental.org

Kansas Dental Association†

785.272.7360
800.432.3583
Fax: 785.272.2301
jennifer@ksdental.org
ksdental.org

Kentucky Dental Association†

502.489.9121
800.292.1855
Fax: 502.489.9124
info@kyda.org
kyda.org

Louisiana Dental Association†

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

Maine Dental Association

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

Maryland State Dental Association†

410.964.2880
800.766.2880*
Fax: 410.964.0583
membership@msda.com
msda.com

Massachusetts Dental Society

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

Michigan Dental Association†

517.372.9070
800.589.2632*
Fax: 517.372.0008
membership@michigandental.org
michigandental.org

Minnesota Dental Association

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

Mississippi Dental Association†

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

Missouri Dental Association†

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

Montana Dental Association†

406.443.2061
800.257.4988*
Fax: 406.443.1546
mda@mt.net
montanadental.org

Nebraska Dental Association†

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

Nevada Dental Association†

702.255.4211
800.962.6710
Fax: 702.255.3302
info@nvda.org
nvda.org

New Hampshire Dental Society

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

New Jersey Dental Association†

732.821.9400
800.831.6532*
Fax: 732.821.1082
avarga@njda.org
njda.org

New Mexico Dental Association†

505.294.1368
888.589.6632
Fax: 505.294.9958
narenas@nmdental.org
nmdental.org

New York State Dental Association

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

North Carolina Dental Society†

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

North Dakota Dental Association

701.223.8870
800.795.8870
Fax: 701.892.7068
ndda@midconetwork.com
smilenorthdakota.org

Ohio Dental Association

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

Oklahoma Dental Association†

405.848.8873
800.876.8890
Fax: 405.848.8875
info@okda.org
okda.org

Oregon Dental Association†

503.218.2010
800.452.5628*
Fax: 503.218.2009
mjuenger@oregondental.org
oregondental.org

Pennsylvania Dental Association

717.234.5941
800.223.0016
Fax: 717.232.7169
membership@padental.org
padental.org

Colegio de Cirujanos Dentistas de Puerto Rico

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

Rhode Island Dental Association†

401.825.7700
Fax: 401.825.7722
ridental@ridental.org
ridental.org

South Carolina Dental Association†

803.750.2277
800.327.2598*
Fax: 803.750.1644
Burkem@scda.org
scda.org

South Dakota Dental Association

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

Tennessee Dental Association

615.628.0208
Fax: 615.628.0214
tda@tndentalassociation.org
tndentalassociation.org

Texas Dental Association

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

Utah Dental Association

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

Vermont State Dental Society

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

Virgin Islands Dental Association

340.774.0263
888.796.3020
soniataylorgriffith@gmail.com

Virginia Dental Association†

804.288.5750
800.552.3886*
Fax: 804.288.1880
info@vadental.org
vadental.org

Washington State Dental Association†

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

West Virginia Dental Association

304.344.5246
Fax: 304.344.5316
wvrds@aol.com
wv dental.org

Wisconsin Dental Association

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

Wyoming Dental Association

307.237.1186
800.244.0779
wyodental@gmail.com
wyda.org

*intra-state calls only

†Denotes states using the universal membership application, which facilitates a smoother application experience. Visit ADA.org/JoinToday to join now.

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