

Residency Transition Application

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

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)		Mobile Phone (include area code)		
Future Office Address						Suite	
City			State	Zip	Office Phone (include area code)		
Office Email					Fax (include area code)		
Home Address					Website Address		
City			State	Zip	Please indicate if you prefer to have mail sent to: <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
Permanent (non .edu) Email							

Biographical

Dental School		Country	Graduation Date (MM/DD/YYYY)	Certificate/Degree
Advanced Education Program			Program Start Date (MM/DD/YYYY)	Completion Date (MM/DD/YYYY)
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"/> Endodontics	<input type="checkbox"/> Pediatric Dentistry	<input type="checkbox"/> Periodontics	<input type="checkbox"/> Public Health	<input type="checkbox"/> Prosthodontics
<input type="checkbox"/> Oral & Maxillofacial Pathology	<input type="checkbox"/> Oral & Maxillofacial Radiology	<input type="checkbox"/> Orthodontics and Dentofacial Orthopedics	<input type="checkbox"/> Oral & Maxillofacial Surgery	
Is your practice limited to one of the above specialties? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, which specialty?				
<i>Some societies offer assistance in locating a practice situation. Contact your local dental society for information regarding their services.</i>				
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.	

Applicant Signature

I hereby apply for graduate student 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. You may review the bylaws and code at ADA.org/ethicsconduct.

Signature _____ Date (MM/DD/YYYY) _____

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 2018, 7.2% 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.