

Biographical Information

| Name: (Last) | (First) | (M.I.) | Suffix: |
|--------------|---------|----------------|---------|
| Degree(s): | | Date of Birth: | |

Address and Directory Information Please provide both addresses and check the preferred mailing address below.

| O Professional Address | | | | |
|--|--------|-----------------------|----------|--|
| Business Name: | | Address: | | |
| City: | State: | Postal Code: Country: | | |
| Phone: | Fax: | Email: | | |
| Website: | | | | |
| Name of AADSM Member Dentists in Office: | | | | |
| O Home Address: | | | | |
| City: | State: | Postal Code: | Country: | |
| Mobile: | Email: | | | |

Licensing

| State: | Expiration Year: | Туре: | License Number: |
|--------|------------------|-------|-----------------|
| State: | Expiration Year: | Туре: | License Number: |

Role in the Dental Team

| O Dental Hygienist | O Dental Assistant | O Office Manager | O Dental Technician |
|--------------------|--------------------|------------------|---------------------|
| O Dental Nurse | O Dental Therapist | O Other: | |

How did you hear about AADSM membership?

| Membership is on a calendar-year basis (January 1, 2024 - December 31, 2024). | | | | |
|---|--|--|--|--|
| DENTAL TEAM MEMBER OF AADSM MEMBER : \$150 Open to individuals who are not licensed dentists and are employed in a dental practice of an AADSM dentist member to perform clinical or administrative duties. Dental Team members receive all member benefits but have no voting rights. (The name of the dentist you are employed by must be submitted with your application to be eligible for this membership type.) | | | | |
| DENTAL TEAM MEMBER OF AADSM NONMEMBER: \$450 Open to individuals who are not licensed dentists and are employed in a dental practice of a non-member AADSM dentist to perform clinical or administrative duties. Dental Team members receive all member benefits but have no voting rights. | | | | |
| Join online or view additional membership categories at aadsm.org/join. | | | | |
| Dues Total: \$ | | | | |

Method of Payment (Please check one box below. Purchase orders are not accepted as payment of membership dues.)

I understand AADSM membership dues are non-refundable.

| O Check payable to the AADSM (U.S. funds drawn on a U.S. bank) | | Credit card: O Visa | O MasterCard | O American Express O Discover |
|--|------------------|---------------------|--------------|-------------------------------|
| Total: \$ | Card Number: | | | Exp. Date: |
| Validation Code*: | Billing Address: | | | |
| Cardholder's Name: | | Signature: | | |
| Membership dues are non-refundable. *For a VISA, MasterCard and Discover, the validation code is the last 3 numbers in the signature box on the back of the card. For American Express, the validation code is the 4 numbers above the credit card number on the front of the card. | | | | |
| The Revenue Act of 1987 requires the following statement to be published: "Membership dues are not deductible as charitable contributions." However, dues may be deductible as a business expense. The Revenue Reconciliation Act of 1993 requires that the AADSM disclose the percentage of your dues that relate to nondeductible lobbying expenses. The AADSM estimates that in 2023 none of your dues will represent such nondeductible lobbying expenses. | | | | |