

# 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 Email		Office Phone (include area code)	
Home Address		Fax (include area code)	
City		State	Zip
Home Email		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
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 & Maxillofacial Surgery		
<input type="checkbox"/> Oral Medicine <input type="checkbox"/> Orofacial Pain <input type="checkbox"/> Orthodontics & Dentofacial Orthopedics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics		
<input type="checkbox"/> Prosthodontics <input type="checkbox"/> Public Health		
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"/> Clinic <input type="checkbox"/> Faculty <input type="checkbox"/> Federal Dental Service		
<input type="checkbox"/> Other:		

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:

<b>Constituent Society</b>	Date Received (MM/DD/YYYY)	Approval Name		
	Date Approved or Disapproved (MM/DD/YYYY)	Approval Signature		
<b>Component Society</b>	Date Received (MM/DD/YYYY)	Approval Name		
	Date Approved or Disapproved (MM/DD/YYYY)	Approval Signature		
<b>Dues Section</b>	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	
	<b>Total Dues Owed</b>	\$		

**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 2022, 7.0% (\$41.00) lobbying expense is not tax deductible as a business expense.

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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@michigadental.org  
michigadental.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  
800.824.9722\*  
Fax: 615.628.0214  
tda@tenndental.org  
tenndental.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/JoinUsToday](http://ADA.org/JoinUsToday) 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](http://ADA.org/societydirectories)