

# Tripartite Membership Application

For membership in the American Dental Association and your state and local dental societies

**ADA** American Dental Association®

America's leading advocate for oral health

Department of Membership Information  
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 of organized dentistry.

The American Dental Association and your state and local 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, state and national. Your application will be processed and considered by your state or local 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 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](http://ADA.org/ethicsconduct). A list of state dental societies can be found at [ADA.org/societydirectories](http://ADA.org/societydirectories).

Please complete all sections of this application. Print or type all information.

## Personal Information

Name (First)		(Last)	(Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
ADA ID Number (if known)			Date of Birth (MM/DD/YYYY)		
Primary Office Address				Suite	
City	State	Zip	Phone (include area code)		
Email Address			Fax (include area code)		
Home Address			Phone (include area code)		
City	State	Zip	Please indicate if you prefer to have mail sent to:		Please indicate if you prefer to have email sent to:
Email Address			<input type="checkbox"/> Home <input type="checkbox"/> Office		<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	

## 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"/> Endodontics <input type="checkbox"/> Pediatric Dentistry <input type="checkbox"/> Periodontics <input type="checkbox"/> Public Health <input type="checkbox"/> Prosthodontics <input type="checkbox"/> Orthodontics and Dentofacial Orthopedics <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <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 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? (A conviction record will not automatically bar you from membership. Each application will be individually considered on its merits.) <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please describe (include dates, offenses and penalties):	

## 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](http://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](http://ADA.org) or you may contact the ADA Department of Membership Information 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 2012, 8.8% of a member's ADA dues are allocated to lobbying activities (\$45.00 for members paying the full active dues of \$512.00). Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.

## Tripartite Membership Application

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### ADA State Dental Societies

#### Alabama Dental Association

334.265.1684  
800.489.2532  
Fax: 334.262.6218  
greger@aldaonline.org  
www.aldaonline.org

#### Alaska Dental Society

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

#### Arizona Dental Association

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

#### Arkansas State Dental Association

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

#### California Dental Association

800.232.7645\*  
Fax: 916.498.6177  
membership@cda.org  
www.cda.org

#### Colorado Dental Association

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

#### Connecticut State Dental Association

860.378.1800  
Fax: 860.378.1807  
jdenneh@csda.com  
www.csda.com

#### Delaware State Dental Society

302.368.7634  
Fax: 302.368.7669  
dedeltasociety@gmail.com  
www.delawarestate  
dentalsociety.org

#### District of Columbia Dental Society

202.547.7613  
Fax: 202.546.1482  
info@dcidental.org  
www.dcidental.org

#### Florida Dental Association

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

#### Georgia Dental Association

404.636.7553  
800.432.4357\*  
Fax: 404.633.3943  
phillips@gadental.org  
www.gadental.org

#### Hawaii Dental Association

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

#### Idaho State Dental Association

208.343.7543  
800.932.8153\*  
Fax: 208.343.0775  
info@isdaweb.com  
www.isdaweb.com

#### Illinois State Dental Society

217.525.1406  
800.475.4737\*  
Fax: 217.525.8872  
info@theisds.org  
www.theisds.org

#### Indiana Dental Association

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

#### Iowa Dental Association

515.986.5605  
800.828.2181  
Fax: 515.986.5626  
info@iowadental.org  
www.iowadental.org

#### Kansas Dental Association

785.272.7360  
800.432.3583  
Fax: 785.272.2301  
kevin@ksdental.org  
www.ksdental.org

#### Kentucky Dental Association

502.489.9121  
800.292.1855  
Fax: 502.489.9124  
mike@kyda.org  
www.kyda.org

#### Louisiana Dental Association

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

#### Maine Dental Association

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

#### Maryland State Dental Association

410.964.2880  
800.766.2880\*  
Fax: 410.964.0583  
mddent@msda.com  
www.msda.com

#### Massachusetts Dental Society

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

#### Michigan Dental Association

517.372.9070  
800.589.2632\*  
Fax: 517.372.0008  
membership@  
michigandental.org  
www.smilemichigan.com/  
pro

#### Minnesota Dental Association

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

#### Mississippi Dental Association

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

#### Missouri Dental Association

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

#### Montana Dental Association

406.443.2061  
800.257.4988\*  
Fax: 406.443.1546  
mda@mt.net  
www.mtdental.com

#### Nebraska Dental Association

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

#### Nevada Dental Association

702.255.4211  
800.962.6710  
Fax: 702.255.3302  
anthony.ferreri@nvda.org  
www.nvda.org

#### New Hampshire Dental Society

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

#### New Jersey Dental Association

732.821.9400  
800.831.6532\*  
Fax: 732.821.1082  
ameisel@njda.org  
www.njda.org

#### New Mexico Dental Association

505.294.1368  
888.589.6632  
Fax: 505.294.9958  
mmoores@nmdental.org  
www.newmexicodental.org

#### New York State Dental Association

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

#### North Carolina Dental Society

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

#### North Dakota Dental Association

701.223.8870  
800.795.8870  
Fax: 701.223.0855  
ndda@midconetwork.com  
www.nddental.com

#### Ohio Dental Association

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

#### Oklahoma Dental Association

405.848.8873  
800.876.8890  
Fax: 405.848.8875  
membership@okda.org  
www.okda.org

#### Oregon Dental Association

503.218.2010  
800.452.5628\*  
Fax: 503.218.2009  
members@oregondental.org  
www.oregondental.org

#### Pennsylvania Dental Association

717.234.5941  
800.223.0016  
Fax: 717.234.4301  
membership@padental.org  
www.padental.org

#### Colegio de Cirujanos Dentistas de Puerto Rico

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

#### Rhode Island Dental Association

401.825.7700  
Fax: 401.825.7722  
melanie@ridental.com  
www.ridental.com

#### South Carolina Dental Association

803.750.2277  
800.327.2598\*  
Fax: 803.750.1644  
Lathamp@scda.org  
www.scda.org

#### South Dakota Dental Association

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

#### Tennessee Dental Association

615.628.0208  
800.824.9722\*  
Fax: 615.628.0214  
tda@tenndental.org  
www.tenndental.org

#### Texas Dental Association

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

#### Utah Dental Association

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

#### Vermont State Dental Society

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

#### Virgin Islands Dental Association

340.777.6612  
Fax: 340.777.6128  
drbruceshrallow@  
yahoo.com

#### Virginia Dental Association

804.288.5750  
800.552.3886\*  
Fax: 804.288.1880  
dickinson@vadental.org  
www.vadental.org

#### Washington State Dental Association

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

#### West Virginia Dental Association

304.344.5246  
Fax: 304.344.5316  
wvrds@aol.com  
www.wvdental.org

#### Wisconsin Dental Association

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

#### Wyoming Dental Association

307.237.1186  
800.244.0779  
Fax: 307.237.1187

\*intra-state calls only

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