

# Federal Dental Service Membership Application

Direct membership in the American Dental Association is available to dentists serving full-time on active duty with one of the Federal Dental Services.

## Personal Information Please print or type the information.

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

## Branch of Service/Verification of Service Please check your branch of service below.

<input type="checkbox"/> U.S. Air Force		<input type="checkbox"/> U.S. Army		<input type="checkbox"/> U.S. Navy		<input type="checkbox"/> U.S. Public Health Service		<input type="checkbox"/> Veterans Affairs		
<input type="checkbox"/> Other: Agency:										
Verification of Service (select one)			<input type="checkbox"/> Federal Email Address Provided					In-Service Date (MM/DD/YYYY)		
<input type="checkbox"/> Cover Page From Your Federal Contract										

## Previous Education

Dental School		Country		Graduation Date (MM/DD/YYYY)		Degree			
Graduate School		Country		Graduation Date (MM/DD/YYYY)		Specialty			
								Degree	

## Advanced Education Program

School/Hospital			City			State			Country		
Address											
Specialty: Please check one						Is this program a:			Program Start Date (MM/DD/YYYY)		
<input type="checkbox"/> Endo.		<input type="checkbox"/> Ped. Dent.		<input type="checkbox"/> Perio.		<input type="checkbox"/> Public Health		<input type="checkbox"/> Dental Program		<input type="checkbox"/> Medical School	
<input type="checkbox"/> Prostho.		<input type="checkbox"/> Ortho.		<input type="checkbox"/> Oral Path.		<input type="checkbox"/> Oral Surg.		<input type="checkbox"/> Other:		Completion Date (MM/DD/YYYY)	
<input type="checkbox"/> Oral & Max. Rad.		<input type="checkbox"/> Other:									

## Program Verification/Registrar's Stamp

(Please complete only if currently enrolled in a graduate program or residency.)

This is to verify that the above dentist is currently enrolled full-time in the above advanced education program. <b>Signature</b>							Program Start Date (MM/DD/YYYY)	
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## License Information

Do you have a U.S. License? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please list all states in which you are licensed (include corresponding license numbers)								
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## Payment

<input type="checkbox"/> Not in a graduate or residency program			<input type="checkbox"/> Please charge my dues to the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express								
<input type="checkbox"/> Enclosed is my \$30 for graduate dues			Card #			Security Code			Expiration Date		
<input type="checkbox"/> Enclosed is my check for membership dues			Signature								
Amount enclosed for the current membership year \$											

## Applicant Signature

I hereby apply for Federal Dental Service 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)

Please return your completed form to the FDS Membership Office at the above address. Your application and credit card payment may also be faxed to: 312.440.2883. 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 2014, 7.5% 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.

\*A retired member of a Federal Dental Service who is serving on a faculty of a dental school or is receiving compensation as a dental administrator or consultant, or who is engaged in any activity for which a license to practice dentistry or dental hygiene is required must hold membership through a constituent and component society for the duration of the activity.