

U.S. Educated Dentists Practicing Abroad Membership Application

A dentist who is employed or practicing dentistry in a country other than the United States and is a graduate of a U.S. dental school or training program accredited by the Commission on Dental Accreditation may join the ADA directly as a U.S. educated dentist practicing abroad member. Member personal information may be shared as described in the Privacy Notice and Terms of Use, for example ADA shares certain information about members with third parties, such as ADA state and local dental societies.

Please complete all sections of this application. Please 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)	Please indicate if you prefer to have communications sent to: <input type="checkbox"/> Office <input type="checkbox"/> Personal	
Spouse's Name (optional)			Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No
Office Address (Must be outside the U.S.)			
City	State/Province	Postal Code	Country
Phone (Country Code-City Code-Local Number)		FaX (Country Code-City Code-Local Number)	
Office Email			Please indicate if you prefer to have email sent to: <input type="checkbox"/> Office <input type="checkbox"/> Personal
Personal Address			Is this address your: <input type="checkbox"/> Home <input type="checkbox"/> Office
City	State/Province	Postal Code	Country
Phone (Country Code - City Code - Local Number)		FaX (Country Code - City Code - Local Number)	
Personal Email			Mobile Phone (Country Code - City Code - Local Number)
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			

If you provide an email address, the ADA will communicate with you by email, and from time to time you may receive ecommunications with the latest science, technology and professional news.

Biographical Information

Dental School	Country	Graduation Date (MM/DD/YYYY)
	Degree	
Advanced Education Program	Graduation Date (MM/DD/YYYY)	
Degree	Specialty: Please check one <input type="checkbox"/> Anesthesiology <input type="checkbox"/> Endodontics <input type="checkbox"/> Oral Medicine <input type="checkbox"/> Oral & Maxillofacial Pathology <input type="checkbox"/> Oral & Maxillofacial Radiology <input type="checkbox"/> Oral & Maxillofacial Surgery <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	
Do you have a U.S. license? <input type="checkbox"/> Yes <input type="checkbox"/> No	Please list all states in which you are licensed:	License Numbers

Payment

<input type="checkbox"/> Enclosed is my check for membership dues	<input type="checkbox"/> Please charge my dues to the following: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express		
Amount enclosed for the current membership year: \$	Card #	Security Code	Expiration Date
	Signature		

Applicant Signature

I hereby apply for U.S. educated dentist practicing abroad 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.

Signature Date (MM/DD/YYYY)

Please return your completed form to the Department of Membership Operations at the above address. Your application and credit card payment may also be faxed to 312.440.2898.

Membership in the ADA is based on the calendar year from January to December. Dues include \$22.00 allocation for subscription to **The Journal of the American Dental Association** and \$8.00 for the **ADA News** and is not deductible from the dues amount. Add \$102.00 for expedited airmail service for **JADA** if desired, if residing in any country except for Canada and Mexico.

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 2021, 6.8% 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.