



# AMERICA'S PEDIATRIC DENTISTS THE BIG AUTHORITY on little teeth®

## AAPD International Student Membership Application

211 East Chicago Avenue, Suite 1600, Chicago, Illinois 60611 • (312) 337-2169 • Fax (312) 337-6329

\$30 USD annual dues for all students residing outside the USA and Canada.  
Application will not be processed without fee. You must be enrolled in an educational program  
in dentistry or pediatric dentistry outside the USA or Canada.

### Personal Information

Required Field \*

Name\*: \_\_\_\_\_  
FIRST\* MIDDLE LAST\*

Address\*: \_\_\_\_\_  
\_\_\_\_\_

Country: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

E-mail\*: \_\_\_\_\_ Website: \_\_\_\_\_

Gender:  M  F Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### Professional Information

Member of:  Foreign Dental Association # \_\_\_\_\_

I do not want to receive the following AAPD printed publication:

*Pediatric Dentistry* journal/PDT magazine  Membership Directory

### Education

\*All students must list school and expected complete date of program. Only one program required to apply.

	Date of Completion	School	Degree
Undergraduate			
Dental School*			
Pediatric Dentistry Postdoctoral/Residency Training*			
Other Dental Postdoctoral/Residency Training*			
Additional Degree			

### Payment

My check is enclosed with payment  or

Please charge my  Visa  MasterCard  American Express  Discover

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Headquarters Office use only

Previous AAPD Membership: \_\_\_\_\_ Anticipated completion date: \_\_\_\_\_ Extended to: \_\_\_\_\_

Approved  Denied Reason: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_