



# 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

\$25 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

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

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

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

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

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

Gender: ☐ M ☐ F Date of Birth: \_\_/\_\_/\_\_

### Professional Information

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

### Education

All students must list school and expected completion date of program.

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

### Payment

My check is enclosed with payment

Please charge my ☐ Visa ☐ MasterCard ☐ American Express

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

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

### Headquarters Office use only

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

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

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