



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 completion 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

Please charge my Visa MasterCard American Express Discover

Credit Card # _____ Exp. Date _____

Signature: _____ Date: _____

Headquarters Office use only

Previous AAPD Membership: _____ Anticipated completion date: _____ Extended to: _____

Approved Denied Reason: _____

Signed: _____ Date: _____