AMERICA'S PEDIATRIC DENTISTS
THE BIG AUTHORITY on little teeth

AAPD Predoctoral Student Membership Application

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

Please print. Annual dues: $27. Application will not be processed without payment.

Personal Information

Name: _____
FIRST MIDDLE LAST

Directory Address: _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax: (_____)_____

E-mail: _____ Website: _____

Mailing Address _____

City: _____ State: _____ Zip: _____

Phone:(_____) _____ Fax: (_____)_____

Gender: ❑ M ❑ F DOB: __/__/__ US Citizen: ❑ Y ❑ N

Professional Information

Member of:
- ❑ American Student Dental Association #_____
- ❑ National Dental Association # _____
- ❑ Foreign Equivalent # _____

Education

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

	Date of Completion	School	Degree
Undergraduate			
Dental School			

Payment

My check is enclosed with payment ❑

Please charge my ❑Visa ❑Master Card ❑AMEX

Credit Card #_____Exp. Date_____

Signature _____

Headquarters Office use only

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

❑Approved ❑Denied Reason: _____

Signed: _____ Date: _____