



AAPD International Student Membership Application

211 East Chicago Avenue, Suite 1700, 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

	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: _____