

# AAPD Membership Application

American Academy of Pediatric Dentistry • 211 East Chicago Avenue~Suite 1700 • Chicago, IL 60611-2663  
(312) 337-2169 • Fax (312) 337-6329 • [www.aapd.org](http://www.aapd.org)

The AAPD is the membership organization representing the specialty of pediatric dentistry. Our 8,000 members serve as primary care providers for millions of children from infancy through adolescence; providing advanced, specialty-level care for infants, children, adolescents, and patients with special health care needs in private offices, clinics, and hospital settings. In addition, AAPD members serve as the primary contributors to professional education programs and scholarly works concerning dental care for children. The AAPD also represent general dentists who treat significant member of children in their practice.





# THE AMERICAN ACADEMY OF PEDIATRIC DENTISTRY

Serving the needs of Pediatric Dentists since 1947

## Mission Statement

The mission of the AAPD is to advocate policies, guidelines and programs that promote optimal oral health and oral health care for children. The AAPD serves and represents its membership in the areas of professional development and governmental and legislative activities. It is a liaison to other health care groups and the public.

## Vision Statement

The vision of the AAPD is optimal health and care for infants, children, adolescents and persons with special health care needs. The AAPD is the leader in representing the oral health interests of children. The pediatric dentist is a recognized primary oral health care provider and resource for specialty referral.

## About Us

The AAPD is a membership organization representing the specialty of pediatric dentistry. The AAPD's 8,000 members serve as primary care and specialty providers for millions of children from infancy through adolescence; provide advanced, specialty-level care for infants, children, adolescents and patients with special health care needs; and are the primary contributors to professional education programs and scholarly works concerning children's dental care.

The AAPD is the recognized authority on pediatric oral health care and leader in several prominent areas including:

- Development of oral health policies and clinical guidelines for pediatric dentistry
- Advocacy for children's oral health care before legislatures and government agencies
- Dissemination of information to parents, guardians and other caregivers about children's oral health care
- Continuing professional education for pediatric dentists and general dentists who treat children

## Become a Member

Become a member of the AAPD today and join thousands of other dentists and other professionals working together for the benefit of children's oral health! AAPD membership will not only enhance your career through continuing education courses and colleague interaction, but will also put you at the forefront of the pediatric dental specialty through publications (*Pediatric Dentistry* journal and *Journal of Dentistry for Children*), advocacy involvement and children's oral health resources. As a member, you will receive reduced registration fees for all continuing education courses including the AAPD Annual Session, exclusive access to over 1,800 pediatric dental and practice management articles and much more through our Members Only section. Advance your dental career and help support children's oral health by becoming an AAPD member today!

### Benefits of Membership

- Continuing Education (CE)
- AAPD Members Only Section at [www.aapd.org](http://www.aapd.org)
- Reference Manual
- Annual Session
- Legislative Support and Advocacy
- Membership Directory
- Academic Journals
- PDT Magazine
- Patient Education Materials
- Public Relations
- Insurance and Coding Issues
- Intraprofessional Support
- Disability, Life and Business Insurance
- Professional Liability Insurance
- Credit Card Processing
- Plus a whole lot more

### Types of Membership

- Active (Pediatric Dentists)
- Affiliate (General Dentists)
- Allied (Dental Team)
- Associate (Other Dental Specialists & Physicians)
- Friends of Pediatric Dentistry
- International
- Predoctoral Student
- Postdoctoral Student



# AAPD Membership Application

Headquarters office use only:  
ID# \_\_\_\_\_  
Date received \_\_\_\_\_

## Classification

Active     Affiliate     Associate     International     Friends of Pediatric Dentistry     Allied

## General Information

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

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

Home Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Mailing Address     Business     Home

Directory Address     Business     Home

Gender:  M     F    DOB: \_\_/\_\_/\_\_    US Citizen:  Y     N

## Education

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

**Professional**

Must belong to one of the following—not applicable to Allied, Friends of Pediatric Dentistry

ADA Membership Number: \_\_\_\_\_

NDA Membership Number: \_\_\_\_\_

Foreign Equivalent: \_\_\_\_\_

In accordance of the AAPD bylaws members must maintain membership in their AAPD district and state unit organization. Please Check boxes of organizations you are a member of or in the process of joining. Active members only.

District Unit

State Unit

Type of Pediatric/Dentist-Check all that apply

Academics/Research (Full Time)

Academics/Research (Part Time)

Private Practice - solo

Private Practice - group

Hospital

Military/Government

Corporate

Other

Are you a Diplomate in the American Board of Pediatric Dentistry? (Active Members Only)

Y

N

Certification Date: \_\_\_\_\_

Are you trained to handle special needs children or adults? \_\_\_\_\_

I have enclosed my certificate in Pediatric Dentistry

Y

N

(Does not apply to Affiliate, Allied, Associate, Friends of Pediatric Dentistry or International)

**Payment**

My check is enclosed with payment

Please charge my  Visa  Master Card  AMEX

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

**Mail Application to:**

American Academy of Pediatric Dentistry

211 E. Chicago Avenue, Suite 1700

Chicago, IL 60611

Attn: Membership

Ph: (312) 337-2169 Fx: (312) 337-6329

I certify that all the information is correct to the best of my knowledge

Sign \_\_\_\_\_

**Headquarters Office use only**

Date of Academy Membership: \_\_\_\_\_

Approved

Denied

Reason: \_\_\_\_\_ Year Joined: \_\_\_\_\_

Executive Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_