



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

Annual dues: \$37. Application will not be processed without payment.

Personal Information

Required Field*

Name*: _____
FIRST* MIDDLE LAST*

Address*: _____

City*: _____ State*: _____ Zip*: _____

Office Phone: (_____) _____ Mobile: (_____) _____

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

E-mail*: _____ Website: _____

Gender: ☐ M ☐ F Other _____ DOB: ____/____/____
Month Day Year Race/Ethnicity: _____ US Citizen: Y N

Professional Information

Member of: ☐ ADA / American Student Dental Association # _____

☐ National Dental Association # _____ ☐ Foreign
Equivalent # _____ 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*			

Payment

My check is enclosed with payment ☐

Please charge my ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Credit Card # _____ Exp. Date _____ CVV _____

Signature: _____ Date: _____

Headquarters Office use only

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

☐ Approved ☐ Denied Reason: _____

Signed: _____ Date: _____