



**American Academy of Implant Dentistry**  
**Membership Acceptance Form**  
 PERSONAL INFORMATION

Name \_\_\_\_\_

Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Office Telephone \_\_\_\_\_ Office Fax \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

**Dental Education:** \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

**Advanced Dental Education** \_\_\_\_\_ Degree \_\_\_\_\_ Year \_\_\_\_\_

Are you currently enrolled as a full-time student in an undergraduate or graduate dental program?

No  Yes If yes, specify the institution/hospital \_\_\_\_\_

Type of program \_\_\_\_\_ Completion date \_\_\_\_\_

Are you currently on active duty as a full-time member with the military?  No  Yes

**Area of Practice:**  General  Oral Surgery  Periodontics  Prosthodontics  
 Other (specify) \_\_\_\_\_

**How did you learn about the AAID?**  Member referral (specify) \_\_\_\_\_

Internet  Direct mail  Publication  Other \_\_\_\_\_

**Membership Dues** AAID's membership year is January 1 - December 31, and the annual dues are \$345 for general members, and \$50 for members who are a student/resident or on active military duty **(must provide documentation of status as a full-time student or military)**. For those joining mid-year, new member dues are prorated based on the publication schedule for the *Journal of Oral Implantology (JOI)*.

**Payment**  My check for \$ \_\_\_\_\_, payable to the AAID in US dollars, is enclosed.

Please charge \$ \_\_\_\_\_ to my  American Express  Discover  MasterCard  VISA

Account Number \_\_\_\_\_ Sec Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Submit your application and payment to:

Mail: American Academy of Implant Dentistry  
 c/o Delaware Place Bank  
 190 E. Delaware Place, Dept. #350  
 Chicago, IL 60611

Fax: 312.335.9090  
 Email: info@aaid.com

**Communications** So I can take full advantage of the various programs and services offered by the AAID, I would like the AAID and the AAID Foundation to send me information regarding professional news and information, meeting and continuing education course information, and other promotional materials, to the above listed in my application: Fax number  Yes  No  
 Email address  Yes  No

Please acknowledge your consent by signing below.

Signature \_\_\_\_\_ Date \_\_\_\_\_