



American Academy of Implant Dentistry
Recent Graduate Membership Acceptance Form

First Name: Middle Name: Last Name:

Home Address:

Address Line2:

City: State: Postal Code: Country:

Office Address:

City: State: Postal Code: Country:

Cell Phone: Home Phone:

Office Phone: Office Fax: Date of Birth:

Home Email: Website:

Office Email: Linked In:

Dental Education: Degree: Year:

Advanced Dental Education: Degree: Year:

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 (Please specify):

How did you learn about the AAID? Member Referral (Name):

Website Direct mail Publication Other (specify):

Membership Dues: AAID's membership year is January 1- December 31, and the dues are \$50 for members who are a within their first to third year out of a full time dental program. Those four years out the dues are \$100 and those whom are in their fifth year out of a full time dental program, dues are \$200. To qualify you must submit in English a copy of your diploma from the full time dental program or a letter from the school/university advising of your completion. For those joining mid-year, new member dues are prorated based on the publication schedule for the Journal of Oral Implantology (JOI).

Payment Check: Payable to the AAID in US dollars

Credit Card: American Express Discover MasterCard VISA

Card Number: Security Code: Exp. Date:

Cardholder's Name:

Submit your application and payment to:

Mail: American Academy of Implant Dentistry
211 East Chicago Avenue Suite 750
Chicago, IL 60611

Fax: 312-335-9090
Email: membership@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, meeting and continuing education course information, and other promotional materials, on the above listed:

Home Email Address Yes No
School Email Address Yes No
Fax number Yes No

Please acknowledge your consent by signing below.

Signature Date

AAID dues are not deductible as a charitable contribution for federal tax purposes but may be deductible as a business expense.

Payment must accompany application.