

**2009 NEW ACTIVE MEMBER APPLICATION**

Not valid after 12/31/09

Send payment to: American Dental Assistants Association  
Suite 1730, 35 E. Wacker Drive, Chicago IL 60601-2211

PLEASE PRINT OR TYPE AND FILL ALL APPLICABLE SPACES

ADAA member previously? (if yes, when): \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE LAST

Street Address \_\_\_\_\_ Apt. # \_\_\_\_\_

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

Business phone (\_\_\_\_\_) \_\_\_\_\_ Home phone (\_\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

State Dental Assistants Association (if other than the state where you live) \_\_\_\_\_

Local Dental Assistants Organization (if left blank, we will assign a local where available) \_\_\_\_\_

Sponsor (if any) \_\_\_\_\_

Please specify (if applicable): CDA #: \_\_\_\_\_ RDA #: \_\_\_\_\_

**NOTE:** By joining the ADAA, you also become a member of a state and local organization, if one exists. Local membership will be in the same state as state membership. State/Local dues amounts are listed. This amount must be added to your ADAA dues. Certification not required to join ADAA.

Please check applicable area:  
 Chairside       Business Assistant  
 Office Manager       Educator  
 Other

**MEMBERSHIP FEES**

|  |   |   |
|--|---|---|
| <p><b>New Members joining in January through July 2009</b></p> <p>Amount of Payment:<br/>Full year's dues – both state and national.<br/>\$105 plus state dues (See table for state dues)</p> <p>Dues are paid through 12/31/09 \$10 insurance charge is added</p> | <p><b>New Members joining in August, September and October 2009</b></p> <p>Amount of Payment:<br/>125% of national dues (\$131.25) plus state dues<br/>(See table for state dues and multiply by 1.25)</p> <p>Example: National Dues:<br/>\$131.25 plus state dues: \$30 X 1.25 = \$168.75</p> <p>Dues are paid through 12/31/10 \$10 insurance charge is added</p> | <p><b>New Members joining in November and December 2009</b></p> <p>Amount of Payment:<br/>Full year's dues – both state and national.<br/>\$105 plus state dues (See table for state dues)</p> <p>Dues are paid through 12/31/10 \$10 insurance charge is added</p> |
|--|---|---|

Type of Payment: Choose any payment option • Check or Credit Card for full year • or two Semi Annual Payments • or Direct Debit System

|   |   |
|---|---|
| <p><b>If you want to pay in full:</b></p> <p>ADAA New Active Dues (from above list) . . . . . \$ _____</p> <p>+ Professional Liability Insurance (not optional) . . . . . \$10.00</p> <p>+ State Dues (enter amount from list below or percentage) . . . . . \$ _____</p> <p><b>TOTAL DUES (if paid in full) . . . . . \$ _____</b></p> <p>Plaque \$20 (optional) – oak laminate &amp; black leatherette . . . . . \$ _____</p> | <p><b>If you want to pay in two installments:</b></p> <p>Choose one: Applying in January through July – \$52.50 . . . . . \$ _____</p> <p>Applying in August through October – \$65.50 . . . . . \$ _____</p> <p>Applying in November or December – \$52.50 . . . . . \$ _____</p> <p>Plus professional liability insurance (not optional – this insurance is paid <u>IN FULL</u> . . . . . \$10.00<br/>in the 1st installment and does <u>NOT</u> appear on the 2nd installment invoice)</p> <p>Plus 50% of State Dues . . . . . \$ _____</p> <p>Semi-annual fee (does <u>NOT</u> appear on the 2nd invoice) . . . . . \$10.00</p> <p><b>TOTAL DUES (if paid in installments) . . . . . \$ _____</b></p> <p>You will be billed for the balance of your dues 2 months prior to expiration dates</p> |
|---|---|

**Want to arrange Direct Debit Payment for your ADAA dues? Visit our website: [www.dentalassistant.org](http://www.dentalassistant.org).**

**TOTAL PAYMENT ENCLOSED** \$

Payment made by:  MASTERCARD     VISA     CHECK (payable to ADAA)

Account # \_\_\_\_\_ Exp. \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Signature \_\_\_\_\_

Cardholder Address \_\_\_\_\_

**LISTING OF TOTAL STATE DUES**

You must enter an amount in space provided under membership fees.

|                   |      |           |      |               |      |                |      |                |      |
|-------------------|------|-----------|------|---------------|------|----------------|------|----------------|------|
| Alabama           | \$10 | Georgia   | \$12 | Maryland      | \$18 | New Jersey     | \$20 | South Carolina | \$12 |
| Alaska            | \$15 | Hawaii    | \$12 | Massachusetts | \$20 | New Mexico     | \$10 | South Dakota   | \$20 |
| Arizona           | \$15 | Idaho     | \$12 | Michigan      | \$40 | New York       | \$20 | Tennessee      | \$25 |
| Arkansas          | \$10 | Illinois  | \$23 | Minnesota     | \$30 | North Carolina | \$15 | Texas          | \$25 |
| California        | \$40 | Indiana   | \$35 | Mississippi   | \$15 | North Dakota   | \$15 | Utah           | \$15 |
| Colorado          | \$15 | Iowa      | \$25 | Missouri      | \$10 | Ohio           | \$20 | Vermont        | \$10 |
| Connecticut       | \$18 | Kansas    | \$20 | Montana       | \$10 | Oklahoma       | \$12 | Virginia       | \$24 |
| Delaware          | \$ 6 | Kentucky  | \$20 | Nebraska      | \$15 | Oregon         | \$12 | Washington     | \$12 |
| Dist. of Columbia | \$12 | Louisiana | \$12 | Nevada        | \$20 | Pennsylvania   | \$20 | West Virginia  | \$15 |
| Florida           | \$25 | Maine     | \$10 | New Hampshire | \$10 | Rhode Island   | \$18 | Wisconsin      | \$20 |
|                   |      |           |      |               |      |                |      | Wyoming        | \$10 |

Membership application may be faxed to 312-541-1496.

•No portion of ADAA fees are refundable or transferable. NOTE: 48¢ of your ADAA dues is not tax deductible.  
 •Membership includes a subscription to The Dental Assistant, \$50,000 professional dental assisting liability insurance, \$2,000 accidental death and dismemberment insurance.  
 •Membership, professional liability insurance and accidental death insurance become effective following receipt and processing of application.