

# ADAA Membership Application • 2004

## 2004 MEMBERSHIP

Not valid after December 31, 2004

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

PLEASE PRINT OR TYPE AND FILL ALL APPLICABLE SPACES

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

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

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

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

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

State Dental Assistants Association \_\_\_\_\_ Local Dental Assistants Organization \_\_\_\_\_

### Please specify if applicable:

CDA Number: \_\_\_\_\_

RDA Number: \_\_\_\_\_

### Please check applicable area:

- Chairside  Business Assistant  
 Office Manager  Educator  
 Other \_\_\_\_\_

**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.

## MEMBERSHIP FEES

### If you want to pay in full:

ADAA New Active Dues = \$95.00  
 + State/Local Dues (enter amount from list below) = \$ \_\_\_\_\_  
 + Professional Liability Insurance (not optional) = \$10.00  
 TOTAL DUES (if paid in full) \$ \_\_\_\_\_  
 Included is my donation to the ADAA Foundation \$ \_\_\_\_\_  
 \$10 for ADAA Membership Plaque (optional) \$ \_\_\_\_\_  
 Oak Laminate and Black Leatherette

### If you want to pay in two installments:

One-half of ADAA New Active Dues = \$47.50  
 + Professional Liability Insurance (not optional - this insurance is paid **IN FULL** in the 1st installment and does **NOT** appear in the 2nd installment invoice) = \$10.00  
 + ½ of State/Local Dues (½ of amount from list below) = \$ \_\_\_\_\_  
 + Semi-annual fee (semi-annual fee does **NOT** appear in the 2nd invoice) = \$ 5.00  
 TOTAL DUES (if paid in installments) = \$ \_\_\_\_\_

**TOTAL PAYMENT ENCLOSED:** \$

Payment made by:  MASTERCARD

VISA

CHECK (made payable to ADAA)

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

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

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

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

- No portion of ADAA fees are refundable or transferable.
- Membership includes a subscription to *The Dental Assistant*, \$50,000 professional liability insurance, and \$2,000 accidental death and dismemberment insurance.
- Membership and professional liability insurance become effective following receipt and processing of application. AD&D insurance becomes effective upon return of a beneficiary card, which will be sent to you with your ADAA membership card.

OFFICE USE ONLY

I \_\_\_\_\_ S \_\_\_\_\_

L \_\_\_\_\_ O \_\_\_\_\_

## LISTING OF TOTAL STATE / LOCAL DUES

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

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