American Dental Assistants Association
140 N Bloomingdale Rd. • Bloomingdale, IL 60108-1017
Toll Free: 877-874-3785 • Phone: 630-994-4247
Fax: 630-351-8490 • www.adaausa.org

NEW MEMBER/RENEWAL FORM
PLEASE PRINT
ALSO AVAILABLE ONLINE

***By joining the ADAA, you also become a member of a state and local organization if one exists. ADAA will submit your information to state and/or local ADAA associations. Local membership will be in the same state as state membership.**
****Membership is on an anniversary basis. You will receive membership for 1 full year from the date your membership is processed. For example, if the date processed is 3/17/15, your membership will expire on 3/16/16.**
*****Cash will NOT be accepted.**

Are you a current ADAA member? ☐ Yes ☐ No ADAA#/Username: ____________________

How did you hear about us?: ____________________

If you were recruited, who recruited you?: ____________________

First Name: ____________ Middle Initial: ____ Last Name: ____________

Street Address: ____________________ Apt. #: ________

City: ____________________ State: ______ Zip Code: ______

Primary Phone Number: ____________ Email (required): ____________

Please list any credentials in order of importance:

**Certification not required to join ADAA.*

Please check applicable fields: ☐ Chairside ☐ Business Assistant ☐ Office Manager
☐ Educator ☐ Other: ____________

STATE	YEARLY DUES	STATE	YEARLY DUES
DE	$6.00	IL	$23.00
AL, AR, KY, ME, MO, MT, NH, NM, VT, WY	$10.00	VA, WI	$24.00
DC, GA, HI, ID, LA	$12.00	FL, IA, NE, TX	$25.00
SC	$13.00	MN	$30.00
AK, AZ, CO, MS, NC, ND, OK, OR, UT, WA, WV	$15.00	IN	$35.00
CT, RI	$18.00	CA, MI	$40.00
KS, MA, MD, NV, NJ, NY, OH, PA, SD, TN	$20.00	**NATIONAL DUES AND STATE DUES REQUIRED TO JOIN ADAA.**	

$125.00 National Dues/Professional Liability Insurance
\+ $ ______ State Dues (from above chart)
\+ ☐ Plaque $20 (optional) *Plaques are NOT engraved
= $ ________ **TOTAL** (**$125.00 + State Dues from above chart + plaque [optional]**)

NO PORTION OF ADAA FEES ARE REFUNDABLE OR TRANSFERABLE**. Active Membership includes access to the on-line publication of ***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.

Payment Method: ☐ Visa ☐ Mastercard ☐ Check* (payable to ***American Dental Assistants Association***)

Credit Card #: ____________________ Exp. Date: ______ / ______

Cardholder Name: ____________________

Cardholder Signature: ____________________

Street Address: ____________________ Apt. #: ________

City: ____________________ State: ______ Zip Code: ______

Fax this completed form to: 630-351-8490 or email to jporter@adaausa.org. If paying by check, mail to: ADAA, 140 N. bloomingdale Road, Bloomingdale, Il 60108