



The Association of Army Dentistry

914 P Street, NW

Washington, DC 20001-3318

Membership Form

Please mail your completed form and payment to the address above.

Preferred Title (*choose 1*) Mr _____ Mrs _____ Ms _____ Dr _____ Military Rank _____

Name _____
First Middle Initial Last

Spouse's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____

Email Address _____

Membership Options

General (\$25) \$ _____

Student (\$10) \$ _____

Lifetime (\$750) \$ _____

Gifted Membership:

General (\$25) \$ _____

Student (\$10) \$ _____

Gifted Name _____

Gifted Email Address (*for us to obtain additional information to complete the membership process*) _____

Additional Donation (*your donations support AAD programs*)

_____ Platinum (\$1,000 and above) \$ _____

_____ Gold (\$500 - \$999) \$ _____

_____ Silver (\$300 - \$499) \$ _____

_____ Bronze (\$100 - \$299) \$ _____

_____ Other \$ _____

The Association of Army Dentistry is a 501(c)(3) non-profit organization and a non-federal entity. All donations are tax deductible and donors will receive a letter acknowledging their gift to be used as a formal charitable receipt. Please consult with your tax advisor regarding contributions and charitable tax deductions.

Optional Demographic Data (*enables AAD to better serve you as a member*)

_____ U.S. Army Dental Corps

_____ Other AMEDD Corps (*specify*) _____

_____ Other Branch, Army Corps or Service (*specify*) _____

_____ Civilian

_____ Enlisted/NCO

_____ Spouse, Surviving Spouse, Family Member

_____ Student Enrolled at _____

_____ Individual/Friend of Army Dentistry

Payment (*make check payable to The Association of Army Dentistry*)

Membership Dues \$ _____

Additional Donation \$ _____

Total Payment \$ _____

Privacy Notice

The AAD will include the information that you have provided in the AAD Member Directory. Currently, this directory is only available to the Leadership and Board of Directors of the AAD.