

Annual Dues Statement



Easy Renew Online
www.allianceada.net/member-login/

P.O. Box 1982
Brandon, FL 33509
P: (813) 540-2154, F: (813) 315-7132
info@allianceada.org
www.allianceada.net

Please update your preferred contact information

Mrs. Ms. Mr. Dr. _____

Preferred Address _____

City, St _____ Zip _____ *E-Mail _____

Preferred Phone _____ Student Graduation Year (if applicable): _____

*For you to receive up-to-the-minute information. Used solely for membership information and not sold to third parties.

Applicant's Occupation and/or Special Talents _____

Would you be willing to share information about your profession and/or special talents? Yes No

Are you interested in networking opportunities? Yes No

Member-at-Large and Contributing Member Dues - \$50.00 ***Student and Student Spouse Members - \$5.00***

Payment Method: Check: Made payable to AADA Visa MasterCard Other

Credit Card No _____ Exp. Date _____ CVV Code _____

Signature _____ Date _____ Amount: \$ _____

OPTIONAL INFORMATION

I am interested in (mark all that apply)

- | | |
|--|--|
| <input type="checkbox"/> dental health education projects in my community | <input type="checkbox"/> practice management information |
| <input type="checkbox"/> dental health education projects statewide | <input type="checkbox"/> meeting people with similar concerns |
| <input type="checkbox"/> helping other members with a project | <input type="checkbox"/> well being of the dental family |
| <input type="checkbox"/> meeting other spouses and having fun | <input type="checkbox"/> right now, only as a supportive member, but keep me in the loop |
| <input type="checkbox"/> learning more about Alliance benefits | <input type="checkbox"/> having a mentor/buddy |
| <input type="checkbox"/> legislative issues impacting dentistry | |
| <input type="checkbox"/> supporting the American Dental Political Action Committee (ADPAC) | |

Your comments and questions: _____

Mail this form with payment to: Alliance of the American Dental Association, P.O. Box 1982, Brandon, FL 33509.
Paying by credit card: fax this form to (813) 315-7132 or pay online www.allianceada.net/member-login/
Questions: call AADA central office at (813) 813-540-2154 or email info@allianceada.org