

WE HAVE WHAT YOU NEED

A Forum
A Network
An organization of those who understand:

We understand

Our membership of dental care professionals includes everyone in the field, and we work to serve you all with programs for professional growth and personal needs.

Clinical Assistants

...the backbone of the dental practice, we serve clinical assistants through our numerous courses at special member rates, through articles in the *Journal* addressing all aspects of chairside work, and convention topics too. We understand your day-to-day challenges at work.

Administrative Assistants and Practice Managers

Articles of administrative interest in the *Dental Assistant Journal*, Continuing Education at reduced member rates. And free for the asking, subscriptions to PennWell's *Dental Office* magazine (formerly *Dental Equipment & Materials*) and Linda Miles' *Dynamic Dentistry* E-Newsletter.

Educators

Educators are at home at the ADAA too! There's the twice yearly *Educators' Newsletter* and a special invitation to be published in the ADAA's official *Journal, The Dental Assistant*. A student newsletter is published too with information including the annual ADAA/Oral-B scholarships and Student Achievement Awards.

FREE for Everyone

ADAA members have exclusive access to free Colgate sample materials via the Colgate website.

Financial aspects are covered

Credit Card Programs. Many qualify for cards issued without an annual fee for the first year, another program offering a revolving line of credit.

And when you need to feel secure

Access to money-saving group insurance programs in most states to those who qualify:
Major medical insurance plans.
Group term life insurance.
ADAA's web-based resumé partner:
dentalworkers.com.
Prescription Discount Service

And leisure time concerns too

Travel services including reduced rates at Choice Hotels and discounted rates on Alamo and National rental cars.

Who you know helps too!

Your State Association and Local Society: active groups in most states and many, many regions and metropolitan areas provide you with professional contacts, learning and networking, participation in your local and national governance, and a broad base of communications and expertise.

ADAA: The people who make dental assisting a profession!

HERE'S THE PACKAGE

Included in your dues

- \$50,000 professional dental assisting liability insurance in your name. Automatically.
- \$2,000 of accidental death and dismemberment insurance—automatically.
- On-line employment service on the Internet.
- Member discounts on educational seminars from ADAA. Automatically.
- Discounts on home study continuing education courses. Automatically. NO GRADING FEE for members.
- A subscription in your name to the award-winning journal *The Dental Assistant*.
- Eligibility to participate in ADAA's Fellowship Program.
- Free continuing education in *The Dental Assistant* for members only (with nominal grading fee).
- Prescription Discount Service.

¡Se habla español!

Si usted se siente más cómodo discutir los beneficios de la asociación de ADAA en español, llame nuestro número 312-541-1550 extensiones 201, 211 o 213. Nuestros materiales educativos son en inglés, pero se pueden discutir en español. O mandenos correo electrónico a nrod@adaa1.com, srobles@adaa1.com para educación o iguillen@adaa1.com para beneficios de miembros.

American Dental Assistants Association

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toll free: 877-874-3785
e-mail: adaahelp@aol.com
www.dentalassistant.org



2008

We've Got
Everything You Need
for Your Career in
Dental Assisting

- CLINICAL
- ADMINISTRATIVE
- EDUCATOR
- LAB TECHNICIAN
- INSURANCE PERSONNEL
- STUDENTS

**AMERICAN DENTAL ASSISTANTS
ASSOCIATION**

2008 NEW ACTIVE MEMBER APPLICATION

Not valid after 12/31/08

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

For office use only
ID # _____

PLEASE PRINT OR TYPE AND FILL ALL APPLICABLE SPACES

ADAA member previously? (if yes, when): _____ Social Security # (last four digits) _____ 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.

Please check applicable area:

- Chairside Business Assistant
 Office Manager Educator
 Other _____

MEMBERSHIP FEES

New Members joining in January through July 2008

Amount of payment: Full year's dues – both state and national.
\$100 plus state dues (See table for state dues)

Type of payment: Choose any payment option
Check, or credit card for full year
or two semi annual payments
or direct debit system

Dues are paid through 12/31/08 \$10 insurance charge is added

New Members joining in August, September and October 2008

Amount of payment: 125% of national dues plus state dues
(See table for state dues)

Example: National Dues: \$100 plus state dues: \$30 X 1.25 = \$162.50

Type of payment: Choose any payment option
Check, or credit card for full year
or two semi annual payments
or direct debit system

Dues are paid through 12/31/09 \$10 insurance charge is added

New Members joining in November and December 2008

Amount of payment: Full year's dues – both state and national.
\$100 plus state dues (See table for state dues)

Type of payment: Choose any payment option
Check, or credit card for full year
or two semi annual payments
or direct debit system

Dues are paid through 12/31/09 \$10 insurance charge is added

If you want to pay in full:

ADAA New Active Dues (from above list)\$ _____

+ Professional Liability Insurance (not optional)\$10.00

+ State Dues (enter amount from list below or percentage)\$ _____

TOTAL DUES (if paid in full)\$ _____

Plaque \$10 (optional) – oak laminate & black leatherette\$ _____

If you want to pay in two installments:

Choose one: Applying in January through July – \$50.00\$ _____

Applying in August through October – \$62.50\$ _____

Applying in November or December – \$50.00\$ _____

Plus professional liability insurance (not optional – this insurance is paid **IN FULL**
in the 1st installment and does **NOT** appear on the 2nd installment invoice)\$10.00

Plus 50% of State Dues\$ _____

Semi-annual fee (does **NOT** appear on the 2nd invoice)\$ 5.00

TOTAL DUES (if paid in installments)\$ _____

You will be billed for the balance of your dues 2 months prior to expiration dates

TOTAL PAYMENT ENCLOSED \$ _____

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

Account # _____ Exp. _____

Cardholder Name _____ Cardholder Signature _____

Cardholder Address _____

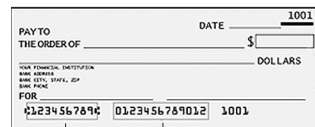
AUTHORIZATION AGREEMENT FOR DIRECT DEBIT (ACH DEBIT)

I hereby authorize American Dental Assistants Association, hereinafter called ADAA, to initiate debit entries and adjustments for dues and any debit/ credit entries in error to my Checking Savings account indicated below and the Depository (Bank) named below.

Depository (Bank) Name _____ Branch _____

Bank's City, State, Zip _____ Transit/ABA# _____

Account# _____



Transit/ABA# _____ Account # _____

This authority is to remain in full force and effect until ADAA has received written notification from me (or either of us in the case of a joint account) of its termination in such time and in such manner as to afford ADAA and Depository a reasonable opportunity to act on it.

Name _____ Signature _____ Date _____

YOU MUST CHOOSE ONE: Monthly Bi-Monthly Quarterly Bi-Annual (6 mos) Annual (entire amount of dues deducted at one time)
Beginning at once and periodically charged when next payment is due. Account will be billed each 15th day of monthly plan chosen.

Note: An annual \$5 processing fee will be charged for periodic direct debit and prorated over the following year. No fee is charged for annual debit. For more information see below. Be sure to attach a voided check.

DIRECT DEBIT INFORMATION FOR MEMBERS OF AMERICAN DENTAL ASSISTANTS ASSOCIATION

There are a lot of advantages to Direct (Automatic) Debit:

Confidential

We maintain the strictest confidentiality with your checking account.

Convenient

Since we debit your payment automatically, you no longer have to worry about sending a check to ADAA. It will happen automatically.

How do I sign up?

- Complete the Authorization Agreement above.
- Attach a voided check.
- Return it to ADAA along with your Membership Application.
- Remember to complete a new Authorization Agreement if you change banks.

Do NOT detach Authorization Agreement from Membership Application.

Questions? Contact toll free 877-874-3785 *Membership application may be faxed to 312-541-1496.*

LISTING OF TOTAL STATE DUES

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

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

•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.