

# The Association of Army Dentistry

## MEMBERSHIP FORM

Complete and Return with Payment To:     **Association of Army Dentistry**  
**914 P Street, NW**  
**Washington, DC 20001**  
**(202) 588- 5723**  
**assoc.army.dentistry@gmail.com**

Preferred Title (choose 1): Mr \_\_\_ Ms \_\_\_ Dr \_\_\_ Military Rank \_\_\_\_\_

Name \_\_\_\_\_  
                    First    MI    Last

Spouse's Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Landline (Home) \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Email \_\_\_\_\_

Membership options: General \_\_\_(\$25)     Student\* \_\_\_(\$10)     Lifetime Membership \_\_\_(\$750)

### ADDITIONAL DONATION

#### AAD General Fund:

Platinum (\$1,000 and above) \_\_\_\_\_  
Gold (\$500-\$999) \_\_\_\_\_  
Silver (\$300-\$499) \_\_\_\_\_  
Bronze (\$100 to \$299) \_\_\_\_\_

#### AAD Sculpture Project Fund

President's Circle (\$5000 and above) \_\_\_\_\_  
Founders' Circle (\$2500-\$4999) \_\_\_\_\_  
Sponsor (\$1000-\$2499) \_\_\_\_\_  
Individual (up to \$999) \_\_\_\_\_

Total enclosed \_\_\_\_\_

Optional demographic data that enables us to better serve you as a member of the organization.

\_\_\_ US Army Dental Corps; specialty or AOC \_\_\_\_\_  
\_\_\_ Other service (specify) \_\_\_\_\_  
\_\_\_ Medical Service Corps  
\_\_\_ Civilian, job title \_\_\_\_\_  
\_\_\_ Enlisted/NCO (MOS or last job title) \_\_\_\_\_  
\_\_\_ Family Member of Army dental individual \_\_\_\_\_  
\_\_\_ Student enrolled at \_\_\_\_\_

### PRIVACY NOTE:

\_\_\_ The Association will include the information that you provide on your application in the "Member Directory" area on the AAD website. This information can be accessed ONLY by current members after signing on to the AAD website. If you do NOT wish to share your contact information in the website directory, please place an "X" in front of this paragraph.