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 _____

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

____ US Army Dental Corps; specialty or AOC _____ Compo_____
____ 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.