

# AADGP Membership Application



We/I hereby apply for membership in the American Academy of Dental Group Practice and agree to abide by the Constitution and bylaws of the Academy.

Name of Organization \_\_\_\_\_  
Address of Organization \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_ Email \_\_\_\_\_  
Primary Contact Person \_\_\_\_\_

Please indicate membership category you are applying for:

- Dental Group Practice: \$150.00**  
(Initial year fee is \$150 per group. Thereafter, annual dues are \$150 per group, plus \$75 for a primary administrator and \$10 per each dentist and each additional member of the group.)  
List dentists and/or practice administrators to be included in membership (Attach additional sheets if necessary):

1. \_\_\_\_\_ 4. \_\_\_\_\_  
2. \_\_\_\_\_ 5. \_\_\_\_\_  
3. \_\_\_\_\_ 6. \_\_\_\_\_

- Individual Practitioner / Practice Administrator: \$150.00**  
(Initial year fee is \$150 per solo practitioner/individual. Thereafter, annual dues are \$150 per solo practitioner/individual.)  
Individual's Name \_\_\_\_\_

- Government or Educational Organization: \$100.00**  
(Initial year fee is \$100 per group. Thereafter, annual dues are \$75 per group.)  
Primary Contact Person \_\_\_\_\_

- Corporate Member: Annual fee is \$500.00 per organization.**  
(Any company that provides services to dental group practices, and whose concept of dental care delivery coincides with the philosophy and purpose statement of this Academy.)  
President/CEO's Name \_\_\_\_\_

- Associate Member: Annual fee is \$500.00 per organization.**  
(Practice management companies that own, develop and/or manage the business and/or marketing activities of dental group practices and facilities.)  
President/CEO's Name \_\_\_\_\_

## Mail or Fax application and payment to:

American Academy of Dental Group Practice  
2525 E. Arizona Biltmore Circle, Suite 127, Phoenix, AZ 85016      **FAX: 602.381.1093**

## Payment can be made by check or credit card:

- Check enclosed  
Charge my:       Visa       MasterCard       Amex       Diner's Club  
Credit Card number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_