



MEMBERSHIP APPLICATION

I hereby make application for membership to the Michigan Academy of Pediatric Dentistry and submit the following data for the use of the Membership Committee in accordance with its rules and regulations.

Type of Membership:

- | | | |
|----------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Active | <input type="checkbox"/> International | <input type="checkbox"/> Affiliate |
| <input type="checkbox"/> Faculty | <input type="checkbox"/> Predoctoral Student | <input type="checkbox"/> Associate |
| <input type="checkbox"/> Life | <input type="checkbox"/> Postdoctoral Student | <input type="checkbox"/> Inactive |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Honorary | |

Application Fee and Dues:

- | | |
|----------|------------------------------------------------------------------------|
| \$50.00 | Application Fee (Active, Faculty, Associate, International, Affiliate) |
| \$200.00 | Annual Dues (Active, International, Associate) |
| \$100.00 | Annual Dues (Affiliate) |
| \$50.00 | Annual Dues (Faculty) |
| \$ 0.00 | Life, Retired, Pre/Postdoctoral Students, Honorary, Inactive |

Please Type or Print the Following Information:

Name: _____ Credentials: _____

Date of Birth: _____ Office email: _____

Office Address: _____

City: _____ State: _____ Zip Code: _____

Office Phone: (_____) _____ Office Fax: (_____) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (_____) _____ Home email: _____

Spouses Name: _____

Please submit a copy of your current curriculum vitae making sure it contains the following information:

- Pre-Dental Education – Institution, Dates and Degrees
- Dental Education – Institution, Dates and Degrees
- Graduate Education – Institution, Dates and Degrees
- Honorary Degrees or Societies
- Hospital Internship – Institution and Dates
- Hospital Appointments – Institution and Dates
- Special Hospital or Clinic Work – Institution and Dates
- Dental or Other Post-Graduate Training – Institution and Dates
- Faculty Appointment(s) – Institution, Dates and Duties
- Other Dental Society Memberships
- Scientific Papers Published
- Lectures or Clinics Presented

Length of Time in:

General Practice _____

Where? _____

Pediatric Dentistry: _____

Where? _____

Please enclose a photocopy of the following:

- State of Michigan License Number _____
- Michigan Specialty License _____
- ADA Membership Number _____
- AAPD Membership Number _____

Applicant's Signature: _____ Date: _____

Please make all checks payable to:
Michigan Academy of Pediatric Dentistry

Mail completed application form with
full payment* (application fee plus 1st year dues) to:

Michigan Academy of Pediatric Dentistry

PO Box 1019

Fenton, MI 48430

michiganapd.org@gmail.com

*US Funds, please.

Applicaton Fee \$ _____

Annual Dues \$ _____

TOTAL ENCLOSED \$ _____

DO NOT WRITE IN THIS AREA

MEMBERSHIP COMMITTEE

1) _____

Date _____

2) _____

Date _____

3) _____

Date _____