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Our specialty.™

American College of Prosthodontists
Advanced Program and Graduate
Student Alliance Application

Please type or print clearly. (An incomplete application will be returned and delay activation of membership.)

First Name Middle Initial Last Name

Date of Birth Gender (check one): Male Female

University/Institution Information:

University/Institution

Address Line 1

Address Line 2

Address Line 3

City State Postal Code Phone

Email * Required for communication purposes

Advance Training Program Expected Date of Graduation

Home Information: *Required for all student applications

Address Line 1

Address Line 2

City State Postal Code Phone

Email * Required for communication purposes

Spouse Information: Print Spouse's Name in the Membership Directory

First Name Middle Initial Last Name

Communications: Please review the communication options carefully. If you have additional questions, or concerns please contact Membership Services for clarification.

- The ACP occasionally makes available its members' addresses (excluding telephone and email) to vendors who provide products and services to the association community. If you do **not** wish to be included in these lists, please check this box.
- No ACP email promotions. (By checking this, you limit promotional emails for ACP products and services; however, you will continue to receive general communications from the ACP such as the *ACP Journal of Prosthodontics, Messenger*, ect.)
- No ACP mail communications or promotions. (By checking this box, you will **not** receive substantive membership benefits like the *Journal of Prosthodontics, Messenger*, or the Annual Session registration brochure.)

ACP Member Directory Preferences:

- Print my *Name Only* in the Membership Directory (excludes ALL contact information)

Choose any combination from the following options:

- Print *Primary University/Institution Address* (includes complete University/Institution contact information)
- Print *Home Address* (includes complete Home contact information)

Education: Degrees Earned (check all that apply):

- DDS DMD DVM Ph.D. MS MA MSD MPH

Additional Degrees: _____

Dental School Attended City State Country Year of Graduation

Professional Information:

ASDA Membership ID Number: _____

Qualifications for Student Membership:

Individuals who currently hold a DDS or DMD and are enrolled in an ADA approved training program and interested in the field of prosthodontics. Advanced Program and Graduate Student Alliance Members must also be members of the American Student Dental Association (ASDA).

Advanced Program and Graduate Student Alliance Members pay discounted annual session and continuing education course registration fees, and enjoy all member benefits provided on the American College of Prosthodontists' Web site, however, they may not hold voting membership on committees, nor may they hold elective or appointive office.

Students enrolled in an advanced dental education program in prosthodontics **should not** complete this form. Contact the American College of Prosthodontists' Central Office for a Student Membership Application.

Advanced Program and Graduate Student Alliance Membership dues are supported by the American College of Prosthodontists.

Mail or fax your completed application and a copy of your ASDA membership card to:

**American College of Prosthodontists
211 East Chicago Avenue, Suite 1000 Chicago, IL 60611
Phone: 312-573-1260 Fax: 312-573-1257
www.prosthodontics.org
cbaker@prosthodontics.org**