



Your smile. *American College of Prosthodontists*
Our specialty.™ *Predoctoral 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

Dental School/University Information:

Dental School/University

Address Line 1

Address Line 2

Address Line 3

City State Postal Code Phone

Email * Required for communication purposes

Name of Program Director for verification purposes Expected Date of Graduation

Home Information: * Required for all student applications

Address Line 1

Address Line 2

Address Line 3

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. If you do not wish to be included in these lists, please check this box.
- No ACP email promotions. (By checking this box, you limit promotional emails for ACP products and services; however, you will continue to receive general communications from the ACP such as the *Journal of Prosthodontics*, *Messenger*, etc.)
- No ACP mail communications or promotions. (By checking this box, you will not receive substantive membership benefits like continuing education course brochures 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 *Dental School/University Address* (includes complete University contact information)
- Print *Home Address* (includes complete Home contact information)

ASDA Membership ID Number Verification: _____

Applicant's Verification: I hereby certify that the information on this application is correct.

Applicant's Signature: _____ Date: _____

Qualifications for Predoctoral Student Membership:

Students shall be currently enrolled in a dental program, accredited by the Commission on Dental Accreditation of the American Dental Association and be interested in the field of prosthodontics. An individual may retain their Predoctoral Student Alliance status until termination of his/her formal training in general dentistry. Predoctoral students **must prove current membership in the American Student Dental Association (ASDA)** by included a copy of their current ASDA membership card with their application.

Predoctoral 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' Website, 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.

Predoctoral Student Alliance Membership dues are supported by the American College of Prosthodontists.

Mail or fax your completed application and required documentation to:

American College of Prosthodontists
Carla Baker, Associate Executive Director
211 E. Chicago Avenue, Suite 1000 Chicago, IL 60611
Phone: (800) 378-1260 Fax: (312) 573-1257
www.prosthodontics.org
cbaker@prosthodontics.org