



**Professional Information:** Are you a member of the American Dental Association?  Yes  No

**ACP Member Directory Preferences:**

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

**Choose any combination from the following options:**

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

**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 the *Journal of Prosthodontics*, *Messenger*, or the Annual Session registration brochure.)

**Education:**

Degrees Earned (check all that apply):  DDS  DMD  MSD  Ph.D.  MS  MA  BS  BA

Additional Degrees: \_\_\_\_\_

\_\_\_\_\_  
Dental School Attended      City      State      Country      Year of Graduation

\_\_\_\_\_  
Prosthodontic Training Program      City      State      Country      Expected Year of Graduation

**Program Director Verification:** (To be signed by the Graduate Program Director as verification of information.)

Program Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Applicant's Verification:**

I hereby certify that the information on this application is correct.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Qualifications for Student Membership:**

Students shall be enrolled in an advanced training program in prosthodontics, accredited by the Commission on Dental Accreditation of the American Dental Association or be College members who return to school as full-time students in an accredited institution of higher learning and who elect to apply for this category of membership.

An individual may retain Student Member status until termination of his/her formal training in prosthodontics or until their Student Membership status has reached six years.

Student Members pay discounted annual session and continuing education course registration fees, and enjoy all member benefits, however, they may not hold voting membership on committees, nor may they hold elective or appointive office.

**American College of Prosthodontists supports all 2011 Student Membership Dues for all postgraduate prosthodontic program students. For a full listing of member benefits provided by the College through this generous support program, please contact the ACP Membership Department.**

**Mail or fax your completed application and required documentation to:**

American College of Prosthodontists  
211 E. Chicago Avenue, Suite 1000 Chicago, IL 60611  
Phone: (800) 378-1260 Fax: (312) 573-1257  
[www.prosthodontics.org](http://www.prosthodontics.org)      [cbaker@prosthodontics.org](mailto:cbaker@prosthodontics.org)