



## American College of Prosthodontists 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

\_\_\_\_\_  
E-Mail \* **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

\_\_\_\_\_  
E-mail \* **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 e-mail) 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 e-mail promotions. (By checking this box, you limit promotional e-mails 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' 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.

**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](http://www.prosthodontics.org)  
[cbaker@prosthodontics.org](mailto:cbaker@prosthodontics.org)**