



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 Program Information:

Dental School/University

Address Line 1

Address Line 2

Address Line 3

City State Postal Code + four Phone

E-Mail (Required for communication purposes.) Fax

Name of Program Director for verification purposes Expected Date of Graduation

Education:

Degrees Earned (check all that apply currently.) BA BS MA MS Other

Home Information: (Mailing/Billing Address)

Address Line 1

Address Line 2

City State Postal Code + four

Phone E-mail (required)

Spouse Information:

First Name Middle Initial Last Name

Print Spouse's Name in the Membership Directory (If you want like your spouse' name printed in the ACP Membership Directory, please check the box.)

ACP Communication Preferences:

- 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:

- Publish **name only** in the directory (No contact information will be included.) OR any combination of the following:
- Publish Home Address and Contact Information Publish Office 1 Address and Contact Information

Professional Information:

ASDA Membership Verification

ASDA Membership ID Number _____

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.

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

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.

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**