

# ADVANCED PROGRAM AND GRADUATE STUDENT ALLIANCE AFFILIATE APPLICATION



AMERICAN COLLEGE OF  
**PROSTHODONTISTS**  
Your smile. Our specialty.®

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

## APPLICANT INFORMATION

First Name

Middle Initial

Last Name

Date of Birth

Gender:  Male  Female

## UNIVERSITY/INSTITUTION INFORMATION

University/Institution Name

Address Line 1

Address Line 2

Address Line 3

City

State

Zip

Country

Phone

Fax

Email (required for communication purposes)

Website

## HOME INFORMATION

\*Required for all applications

Address Line 1

Address Line 2

Address Line 3

City

State

Zip

Country

Home Phone

Cell Phone

Email (required for communication purposes)

# ADVANCED PROGRAM AND GRADUATE STUDENT ALLIANCE AFFILIATE APPLICATION



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## APPLICANT EDUCATION

Degrees Earned (Check all that apply):  DDS  DMD  BDS  MSD  PhD  DVM  MPH  BS  BA

Additional degrees not listed above: \_\_\_\_\_

Dental School Attended	State	Country	Graduation Date
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## ACP MEMBERSHIP DIRECTORY / FIND A COLLEAGUE ONLINE LISTING

Publish my **Name Only** in the Membership Directory and Find a Colleague online listing. By checking this box, you are asking that ALL contact information be withheld from the ACP Membership Directory and Find a Colleague listing. **Only your name** will appear.

**OR** Choose any combination from the following options. Please **check all contact data** you wish to have printed in the ACP Membership Directory and Find a Colleague online listing:

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

Print **Home Address** (includes complete Home contact information)

Print **Spouse/Companion's Name** \_\_\_\_\_  
Spouse/Companion Name

## APPLICANT VERIFICATION

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

Applicant Signature (Typing your name will serve as your electronic signature)	Date
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## QUALIFICATIONS

**Advanced Program and Graduate Student Alliance affiliation** in the College shall be limited to those individuals who are enrolled in an ADA approved training program and interested in the field of prosthodontics.

Advanced Program and Graduate Student Alliance affiliates pay discounted registration fees for the Annual Session and continuing education courses and enjoy all affiliate benefits provided on the ACP website. However, they may not hold voting membership on committees, nor may they hold elective or appointive office.

Residents enrolled in an advanced dental education program in prosthodontics should NOT complete this form. Contact the ACP Central Office for a Resident/Graduate Student membership application.

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

Mail or fax your completed application to:  
American College of Prosthodontists, 211 E. Chicago Avenue, Suite 1000, Chicago, IL 60611  
Phone: (312) 573-1260 | Fax: (312) 573-1257  
Prosthodontics.org | jmcdaniel@prosthodontics.org