The Association of Army Dentistry
18203 Rim Drive 101 #1146
San Antonio, TX 78257

Membership Form

Please mail your completed form and payment to the address above.

Preferred Title *(choose 1)* Mr _____ Mrs _____ Ms _____ Dr _____ Military Rank _____

Name _____
First Middle Initial Last

Spouse's Name _____

Street Address _____

City _____ State _____ Zip Code _____

Preferred Phone _____

Email Address _____

Membership Options

General ($25) ..... $_____
Student ($10) ..... $_____
Lifetime ($750) ..... $_____
Gifted Membership:
Individual/Professional ($25) ..... $_____
Student ($10) ..... $_____
Giftee Name _____
Giftee Email Address *(for us to obtain additional information to complete the membership process)*
_____

Additional Donation *(your donations support AAD programs)*

_____ Platinum ($1,000 and above) ..... $_____
_____ Gold ($500 - $999) ..... $_____
_____ Silver ($300 - $499) ..... $_____
_____ Bronze ($100 - $299) ..... $_____
_____ Other ..... $_____

The Association of Army Dentistry is a 501(c)(3) non-profit organization and a non-federal entity. All donations are tax deductible and donors will receive a letter acknowledging their gift to be used as a formal charitable receipt. Please consult with your tax advisor regarding contributions and charitable tax deductions.

Optional Demographic Data *(enables AAD to better serve you as a member)*

_____ U.S. Army Dental Corps
_____ Other AMEDD Corps *(specify)* _____
_____ Other Branch, Army Corps or Service (*specify*) _____
_____ Civilian
_____ Enlisted/NCO
_____ Spouse, Surviving Spouse, Family Member
_____ Student Enrolled at_____
_____ Individual/Friend of Army Dentistry

Payment *(make check payable to The Association of Army Dentistry)*

Membership Dues ..... $_____
Additional Donation ..... $_____
Total Payment ..... $_____

Privacy Notice

The AAD will include the information that you have provided in the AAD Member Directory. Currently, this directory is only available to the Leadership and Board of Directors of the AAD.