



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

**MAIL TO:**

Ms Wanda Kavanaugh, AAD Officer  
16161 County Route 181  
Clayton, NY 13624

# Membership Form

To be used also for Renewals  
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).....\$ \_\_\_\_\_

Gifted Name \_\_\_\_\_

Gifted 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.