

Last Name _____ Degree(s) _____

First Name _____ Middle Initial _____

Company/Institution _____

Address _____

City _____ State/Prov. _____ Country _____ Postal Code _____

Office Phone _____ Fax _____

Email Address _____

Web Site Address _____

MEMBERSHIP CATEGORIES*: (For Complete Membership Descriptions, Contact ALD.)

- ___ **DENTIST (\$395).** Any practicing dentist, with a current unrestricted license shall be eligible to be an active Dentist Member. A Dentist Member shall have full membership rights as recognized under customary parliamentary practice, including the right to attend membership meetings, to participate in discussion, to vote, to be a candidate for elective office and to accept appointment to committees.
- ___ **INSTITUTIONAL (\$395).** Any dental professional whose sole or primary activity is academic instruction or dental research and is on staff of an institution with an accredited dental school program. Institutional Members have the same rights and responsibilities as defined for Dentist Members.
- ___ **NON-PRACTICING (\$150).** Any retired or disabled dentist who is no longer practicing dentistry is eligible for this category. Non-Practicing Members shall have full voting rights and are eligible for elective office. Non-Practicing Members have the same rights and responsibilities as defined for Dentist Members.
- ___ **ASSOCIATE (\$150) (NON-DENTIST).** Any dental auxiliary who is interested in obtaining knowledge about laser dentistry. Associate Members are eligible to attend regular meetings of the Academy and accept appointment to Committees. Associate Members are not eligible to vote and are not eligible to hold executive office.
- ___ **AFFILIATE (\$150).** Any qualified health care professional, scientist, or physician not eligible for membership in other membership classes shall be eligible to be an Affiliate Member. An Affiliate Member shall have full membership rights except the right of voting and except the right to hold an elective office in the Academy.
- ___ **STUDENT** (\$50).** Any full-time registered student shall be eligible for Student Member status. Student members are eligible to attend regular meetings of the Academy and accept appointment to committees. Student Members are not eligible to vote and are not eligible to hold elective office.
- ___ **CORPORATE (\$950).** Any for-profit and not-for-profit company that seeks information, affiliation, or interaction with the laser dentistry community shall be eligible for Corporate Member status. Corporate Members shall have membership rights as recognized under customary parliamentary practice. Corporate members are eligible to attend regular meetings of the Academy, but are not eligible to vote nor hold elective office. **Separate application required.**

* Dues are annual and cycle ends in December of each year.

**Students- please provide copy of current student I.D.

Benefits and dues are subject to change.

Total Amount Due: \$ _____ (in U.S. Dollars)

Payment Options:

- Check (payable to Academy of Laser Dentistry in U.S. Dollars)
- VISA MasterCard American Express



Credit Card Number (Please print clearly)

Exp. Date

Signature of Cardholder

Printed Name of Cardholder

Please indicate your profession/position:

(check all that apply)

- Dentist Hygienist Physician Researcher/Scientist
- Dental Assistant Industry/Manuf. Rep. Univ. Faculty Office Manager
- Student Other: _____

Dentists: Please indicate your specialty. (Write "P" by primary specialty and "S" by up to 2 subspecialties)

- General Practice Oral Surgery Periodontics Endodontics
- Orthodontics Prosthodontics Oral Pathology Pediatric
- Public Health

Dental/Hyg. School _____

City/State/Country _____ Graduation Year _____

Dental License No(s). _____ State/Country _____

Please indicate your Intro, Standard or Advanced Proficiency Certification below:

(must be official ALD-approved courses/ exams – please provide documentation)

	Date	Course Location	Instructor	Wavelength/Device
Intro	_____	_____	_____	_____
Standard	_____	_____	_____	_____
Advanced	_____	_____	_____	_____

Do you use a laser in your practice or laboratory? Yes No

If yes, in what year did you begin using a laser? _____

Please specify any hospital or academic affiliation(s) you may have:

(please indicate city, state and country):

Of which other national/regional dental societies/associations are you a member?

(indicate whether you hold an office)

How did you hear about the Academy of Laser Dentistry?

ALD Mailing List Request Policy

ALD's membership list is available to dental organizations or corporate members on a special request basis. Each request for use must follow ALD's Mailing List Policy (for a copy please contact ALD). If you prefer that your mailing information remain for ALD use only please check this box .



Submit completed application with payment to:
Academy of Laser Dentistry - Membership Department
 PO Box 8667, Coral Springs, Florida 33075 USA
 (954) 346-3776 x204 Fax (954) 757-2598
 Toll Free 1-877-LASERS6
 memberservices@laserdentistry.org • www.laserdentistry.org