



MISSION STATEMENT

"To advance the careers of dental assistants and to advocate for the dental assisting profession in matters of education, professional activities, credentialing and legislation. To promote the ideals and growth of the Association which aid in the accessibility and delivery of quality oral health care to the public."

ABOUT US

The American Dental Assistants Association, (ADAA) is the oldest, largest group representing professional dental assistants in the United States. Its members include:

- Chairside/clinical personnel
- Administrative personnel (office managers, practice managers, receptionists)
- Educators
- Business personnel (dental product sales, insurance)

Founded in 1924, the ADAA provides continuing education to dental professionals through home study courses; professional journals; and local, state and national meetings with educational agendas. The Association encourages education, registration and certification for dental assisting professionals while providing a network of personal services for its members.

In most areas, there are also state associations and local organizations for ADAA members. Student Membership in the ADAA includes membership in the relevant state and local groups as well.

Student Members receive all the benefits listed below. Visit www.adaausa.org to learn more.

- Free Online Continuing Education, available 24/7
- Discounts on Hard Copy Continuing Education
- \$50,000 Professional Liability Insurance for just \$10 extra per year
- \$2,000 Accidental Death and Dismemberment Insurance
- Premium Job Search with DentalWorkers.com
- Peer Recognition: be recognized by your peers as a leader in your industry
- ADAA Member Search
- Student Awards and Scholarships available
- Free Subscription to The Dental Assistant Journal
- Monthly ADAA Update E-newsletter
- Membership in State and Local Chapters
- ADAA Student Membership Pin for New Members
- A 52% discount on membership after graduation
- And much more

The ADAA offers Student Membership at a reduced rate! Student dues are only \$35 for a full year. Benefits include all of the above! Students holding full or part time student status in a dental course lasting at least three months may apply for ADAA Student Membership. Once a student membership expires, they will receive reduced dues after they graduate.

Students can join online now with a Visa or MC or fill out a Student Application form (found on the backside) and mail in with a payment. Schools may submit multiple student applications at once and pay with a Visa, Mastercard or school check.

Visit our website at www.adaausa.org for more information or contact info@adaausa.org.



American Dental Assistants Association
529 14th Street, NW, Suite 1280 • Washington, DC 20045
Toll Free: 877-874-3785 • Fax: 630-351-8490
www.adaausa.org

ADAA STUDENT MEMBERSHIP

Promoting the dental assisting profession for over 90 years.

We offer students an opportunity to join this diverse, professional group for only \$35 per year, which includes affiliation with your state association and local component where present.





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STUDENT APPLICATION

STUDENTS CAN NOW JOIN ONLINE AT: www.adaausa.org IF PAYING WITH VISA/MASTERCARD

You may duplicate this application, but do not copy back-to-back. One side only! Student rate applications may NOT be combined with any other discount. Dues are not refundable or transferable. Please, no student checks unless certified! School information required for processing. Students can now print their own membership card by logging in to www.adaausa.org with their username and password. **CASH WILL NOT BE ACCEPTED.**

School Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Instructor's Email (required): _____

Instructor's Signature (required)

Instructor's Printed Name

STUDENT #1		Member # (office use only):	
Previous ADAA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Personal Email (required):			
Address:		Apt. #:	
City:	State:	Zip Code:	
Phone:	Graduation Date (required): If you only know the month/year, please use the first day of the month, i.e. 7/1/2016		
STUDENT #1 TOTAL (check one): <input type="checkbox"/> \$35 <input type="checkbox"/> \$45 w/insurance			
Payment Method: <input type="checkbox"/> Check (payable to American Dental Assistants Association) <input type="checkbox"/> Money Order			
First Name:	Middle Initial:	Last Name:	
Street Address:		Apt. #:	
City:	State:	Zip Code:	
STUDENT #2		Member # (office use only):	
Previous ADAA Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name:	
Personal Email (required):			
Address:		Apt. #:	
City:	State:	Zip Code:	
Phone:	Graduation Date (required): If you only know the month/year, please use the first day of the month, i.e. 7/1/2016		
STUDENT #2 TOTAL (check one): <input type="checkbox"/> \$35 <input type="checkbox"/> \$45 w/insurance			
Payment Method: <input type="checkbox"/> Check (payable to American Dental Assistants Association) <input type="checkbox"/> Money Order			
First Name:	Middle Initial:	Last Name:	
Street Address:		Apt. #:	
City:	State:	Zip Code:	

For questions call 1-630-351-8490 or email info@adaausa.org. You can also apply online at adaausa.org.

PLEASE PRINT LEGIBLY!

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