



211 East Chicago Avenue
Chicago, IL 60611

To be Completed by the Member Dentist

Retired Membership is available to an active member in good standing who has been an active member and is now a retired member of a constituent society, if such exists, and is no longer earning an income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required by the state.

Retired Life Membership is available to a member who meets the above requirements for retired membership and who meets the requirements for life membership. Life membership is available to a member who has been a member for 30 consecutive years or 40 total years, and has attained age 65 and is a member in good standing. Life membership is effective the calendar year following the year in which these requirements are fulfilled.

I, Dr. _____, ADA ID # _____

desiring to be elected to: [] Retired Membership [] Retired Life Membership

in the American Dental Association state that I am currently a member in good standing of the

Washington State Dental Association

Constituent Dental Society or Branch of Service

and that I was born MM/DD/YYYY and have retired from the practice of dentistry effective MM/DD/YYYY, and

I am no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

Dentist's signature _____

Your current mailing address:

Will you have a new mailing address?

Street

Street

City, State, Zip

City, State, Zip

Phone

Phone

Is this: [] Home [] Office

Starting date for new address: MM/DD/YYYY

Please send your completed form to your local dental society. They will forward it to your state society, who will return it to the ADA.

To Be Completed by the Constituent and Component Societies

The Washington State Dental Association and the _____
Constituent Dental Society Component Dental Society

certify that the above applicant is a member in good standing for _____ and is now a retired member of these societies.
Year Paid

Number of years membership in Constituent Society _____

Signature of Constituent Executive Director

Signature of Component Executive Director

ADA Use Only

Member Year _____ Current Status _____

[] Approved [] Returned for More Information

History Check _____

[] Not Approved [] Letter Sent

[] Practice [] Address [] Dues Detail

[] Biographical [] Category