

Retired Affidavit

Please print or type all information.

To Be Completed by the Member Dentist

Retired Membership is available to an active member in good standing who is now 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 in good standing who has been a member for 30 consecutive years or 40 total years. Life membership is effective in the calendar year following the year in which these requirements are fulfilled.

I, Dr. _____, (ADA ID Number)

desire to be elected to: Retired Membership Retired Life Membership

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

(State Dental Society or Branch of Service)

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

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.

Signature: _____

Preferred Mailing Address			Phone (include area code)
City	State	Zip	Is this your: <input type="checkbox"/> Home <input type="checkbox"/> Mobile
Permanent Email Address			

Please send your completed form to the Washington State Dental Society at: info@wsda.org or 126 NW Canal Street #300, Seattle, WA 98107.

To Be Completed by the Constituent and Component Societies

The _____, 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	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Returned for more information <input type="checkbox"/> Letter Sent
History Check	<input type="checkbox"/> Practice	<input type="checkbox"/> Address	<input type="checkbox"/> Dues Detail <input type="checkbox"/> Biographical <input type="checkbox"/> Category