



American Academy of Dental Therapy

c/o ANTHC Alaska Dental Health Aide Ed. Program

4200 Lake Otis Parkway, Ste. 204

Anchorage, AK 99508

907-729-5600

Fax 907-729-5610

AADT Membership Application

Personal Information

Please print or type the information.

Name _____ Male Female

DOB: _____ / _____ / _____

MM DD YYYY

Office Address _____ Home Address _____

City _____ City _____

State/Zip _____ State/Zip _____

Phone (____) _____ Phone _____

Fax (____) _____ Fax (____) _____

E-mail Address _____

Biographical Information

Dental Therapy School _____ Country _____ Date of Graduation _____ / _____ / _____

MM DD YYYY

Employment Description

Name of Employer/Tribal Organization _____

Address _____

Community _____

Zip Code _____

Work Phone _____

Fax _____

Payment

Enclosed is my check for membership dues in the amount of \$100.00

Annual Fee for non-voting member is \$50.00 per membership year

Applicant Signature

I hereby apply for Direct membership in the Alaska Association of Dental Health Aide Therapists and resolve to abide in the Bylaws and the Principals of Ethics and Code of Professional Conduct if accepted into membership.

Signed _____ Date _____