

# Humanitarian Practitioner Application

A category of membership in the American Dental Association is available to dentists who are serving dentistry full-time for a humanitarian organization and who are receiving neither income nor a salary for that service other than a subsistence amount which approximates a cost of living allowance. The member must remain in service continuously for a least one year and not supplement his or her income by the performance of services as a member of the faculty of a dental or dental auxiliary 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.

**Personal Information** Please print or type the information.

Name (First)			(Last)	(Middle)	<input type="checkbox"/> Male <input type="checkbox"/> Female	
ADA ID Number (if known)				Date of Birth (MM/DD/YYYY)		
Spouse's Name				Is spouse a dentist? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Permanent Address				Phone (include area code)		Fax (include area code)
City	State/Province	Postal Code		Country	Is this address your <input type="checkbox"/> Home <input type="checkbox"/> Office	
Alternate Address				Phone (include area code)		Fax (include area code)
City	State/Province	Postal Code		Country	Is this address your <input type="checkbox"/> Home <input type="checkbox"/> Office	
Email Address				Please indicate if you prefer to have mail sent to your <input type="checkbox"/> Permanent Address <input type="checkbox"/> Alternate Address		

**Statement of Purpose of the Organization** Please attach printed brochure or letter on letterhead.

Brochure or letter attached

**Verification of Subsistence Income** Please attach verification on organization's letterhead.

Statement attached

**Verification of Employment**

This is to verify that the above applicant is serving this charitable organization full-time for not less than one year and that he or she is not supplementing his or her income as a faculty member of a dental or dental auxiliary school, as a dental administrator or consultant, or as a practitioner for any activity for which a license to practice dentistry or dental hygiene is required.

Signature

Date

**Applicant Signature**

I hereby apply for a charitable practitioner membership in the American Dental Association and resolve to abide by the *Bylaws* and the *Code of Ethics and Professional Conduct* if accepted into membership. You may review the bylaws and code at [ADA.org/join](http://ADA.org/join).

Signature

Date

Please return your completed form to the Department of Membership Information at the above address. Your application may also be faxed to: 312.440.2898.

Membership in the ADA is based on the calendar year from January to December. There is no charge for a charitable practitioner's subscription to the *Journal of the American Dental Association* and *ADA News*.

**United States Taxpayers** Please Note: The tax law prohibits taxpayers from deducting the expenses that they incur by engaging in lobbying, as defined in the law. Accordingly, only that portion of an associations' member's dues not attributable to lobbying activities remains deductible as an ordinary and necessary business expense. The law requires associations to provide their members with a reasonable estimate of the non-deductible percent of their dues attributable to lobbying activities. For 2012, 8.8% of a member's ADA dues are allocated to lobbying activities. Dues payments and contributions are not deductible as charitable contributions for federal income tax purposes.