

# Retired Affidavit

## 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

\_\_\_\_\_  
Constituent Dental Society or Branch of Service

and that I was born \_\_\_\_/\_\_\_\_/\_\_\_\_ and have retired from the practice of dentistry effective \_\_\_\_/\_\_\_\_/\_\_\_\_, 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:

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

Is this:  Home  Office

### Will you have a new mailing address?

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone

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 \_\_\_\_\_ 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