



# American Association of Women Dentists

## Student Chapter Form

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Dental School (for student members): \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Student Dues Information

Please Select Membership Type:

<u>Membership Type</u>	<u>Single Payment</u>	<u>Auto-Renew</u>	<u>Total Due</u>
Student: 1 Year	\$45.00	\$45.00	
Student: 4 Years*	\$130.00	\$130.00	

\* Only applicable for first year students.

Membership Status:  New

Renewal

### Additional Information

Name of Chapter *\*(Required)*: \_\_\_\_\_

Will you be graduating this year?  Yes  No

Please provide alternate mailing address and Email in order to continue receiving AAWD membership information and updates post-Graduation.

Permanent Mailing Address: \_\_\_\_\_

Permanent Email Address: \_\_\_\_\_

### Payment Method:

American Express  Visa  Master Card

Name on Card: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

Expiration: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

Check\*

Check #: \_\_\_\_\_

*\*Please make checks payable to: AAWD*

Mail to: AAWD National Office  
7794 Grow Drive  
Pensacola, FL 32514

Dues paid to AAWD Student Chapter

Amount: \_\_\_\_\_