



AMERICAN ASSOCIATION OF PUBLIC HEALTH DENTISTRY

**LEADERS IN PROMOTING ORAL HEALTH**

# Life Member Application Form

Please submit this form to  
[info@aaphd.org](mailto:info@aaphd.org)

Life Member: An AAPHD Dentist or Associate member in good standing, who has achieved 20 years of continuous membership at the Dentist or Associate level; and is no longer practicing public health or preventive dentistry. Is no longer practicing or receiving compensation in public health.

## SECTION 1 – APPLICANT INFORMATION

Year you originally joined AAPHD: \_\_\_\_\_

- I am no longer practicing public health or preventive dentistry
- I am no longer receiving compensation in public health

Applicant's Name (First, MI, Last): \_\_\_\_\_

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

City, State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

E-mail: \_\_\_\_\_

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