



AADEJ Membership Form

One form per individual or dental publication

Dental Publication: _____

Name: _____

Address: _____

City/State/ZIP: _____

Phone Number _____

Email address _____

Annual Membership Type: Check one.
Refer to the AADEJ website for membership descriptions.

- Publication Membership: \$395.00
- Individual Membership: \$165.00
- Retired/Student: \$99.00

Amount Enclosed: _____

**Send Check made to: American Association of Dental Editors and Journalists
P.O. Box 160
Saint Clair Shores, MI 48080**

For Credit Cards?Paypal Please use this QR Code to link to ourwebsite to renew.



<https://www.aadej.org/membership-renewal-payments>

For all other questions regarding AADEJ please contact Denise Maihofer, Interim Executive Director
denise.aadej@gmail.com

Thank you for your membership and continued interest in **AADEJ!**