



Fellowship Application

Name: _____

Address: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Phone: _____ Country: _____

Fax: _____ E-Mail: _____

Dental School of Graduation: _____ Specialty: _____

Academic Appointments: _____

- Check here if you want your name and contact information made available online for other AAHD members.
 Check here if you DO NOT want your name and contact information made available online for other AAHD members.

Please indicate any special interest in dental history:

- Rare Books
 Antiques/Instruments
 Teaching
 Literature
 Fine Arts
 Technical Innovation
Other Interest: _____

- Regional Interests:*
 North America
 South America
 England
 France
 Germany
Other Region: _____

- Time Periods:*
 Pre-1500
 16th & 17th Century
 18th Century
 19th Century
 20th Century

Renewal Dues

Fellow	\$95 per year within USA \$105 per year outside USA
Lifetime Fellow	\$1500 one-time payment
Student Membership	\$25 per year

Please complete this application form
and mail or fax it with payment to:

Contributions to the AAHD 21st Century Fund: \$ _____

(all contributions are tax-deductible within the US)

Total: \$ _____

- Check (enclosed) Visa MC

Card Number: _____

Expiration Date: _____

Security Code (3 digits): _____

Signature: X _____

**American Academy of the
History of Dentistry
284 Harvard Street
Brookline, MA 02446 USA**

Fax: (617) 731-8724

Checks (mailed applications only) made payable to AAHD. All registration forms must be accompanied by payment, US Money Order, US Bank Draft or check drawn on US Bank. Registration forms not accompanied by appropriate payments as outlined will not be considered as confirmed until full payment is received.