American Academy of Implant Dentistry (AAID)

Maternity/Paternity Leave Dues Reduction Request Form

Members who are on maternity or paternity leave and meet the eligibility requirements may apply for a one-time reduced membership dues rate. This program allows members to maintain AAID membership during a one-year leave period at one-third (1/3) of regular dues. All applications will be reviewed by the Membership Committee and treated confidentially.

Section 1: Member Information

Full Name:	_____
AAID Member ID (if known):	_____
Email Address:	_____
Phone Number:	_____
Mailing Address:	_____

Section 2: Membership Type

■ General Member ($395 regular dues) – $135 maternity/paternity rate
■ Credentialed Member (Associate Fellow/Fellow) ($695 regular dues) – $235 maternity/paternity rate

Section 3: Leave Details

Anticipated Leave Start Date:	_____
Anticipated Return Date:	_____
Brief Description of Leave Circumstances:	
	_____
	_____

Section 4: Certification

I certify that the information provided above is true and accurate. I understand that the maternity/paternity leave dues reduction may only be applied once per membership lifetime and applies to one membership year only.

Signature:	_____	Date:	_____

Submission Instructions

Please submit this completed form to the AAID Membership Department at **membership@aaid.com**. You will be notified by email once your application has been reviewed.