

## Retired Affidavit



ADA American Dental Association®  
America's leading advocate for oral health

Department of Membership Information  
211 East Chicago Avenue,  
Chicago, Illinois 60611 ADA.org

Please print or type all information

### To Be Completed by the Member Dentist

I, Dr. \_\_\_\_\_ state that I was born on \_\_\_\_\_ and that I have retired from the practice of dentistry effective \_\_\_\_\_ and that I am no longer earning income from the performance of service as a member of the faculty of a dental school, as a dental administrator or consultant, or as a practitioner of any activity for which a license to practice dentistry or dental hygiene is required.

I am currently a member in good standing of the American Dental Association, Florida Dental Association and \_\_\_\_\_ District Dental Association and desire to apply for Retired Membership<sup>1</sup> or Retired Life Membership<sup>2</sup> in these societies.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(ADA ID Number)

Mailing Address:			Phone:
City:	State:	Zip:	
Personal Email Address:			

Please submit your completed form to the Florida Dental Association by one of the following methods for processing:

Fax: 850.561.0504 Email: membership@floridadental.org Mail: 545 John Knox Road, Suite 200, Tallahassee, FL 32303

Florida Statute **64B5-17.001** requires that retiring dentists notify their community and patients of their retirement, as well as furnish information for where they might locate their records. If you do not intend to keep your license, contact the Florida Board of Dentistry at 850.488.0595 and ask to speak with Licensure Services. If you have a DEA license, please log in to ADA.org to learn about your obligations.

### To Be Completed by the Constituent Society

The Florida Dental Association and the \_\_\_\_\_ District Dental Association certify that the above applicant is a member in good standing for the \_\_\_\_\_ Membership year and is now a \_\_\_\_ Retired Member \_\_\_\_ Retired Life Member of these societies.

Number of Membership Years:	Constituent Representative Signature:
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### ADA Use Only

Member Year	Current Status	<input type="checkbox"/> Approved	<input type="checkbox"/> Returned for more information
		<input type="checkbox"/> Not Approved	<input type="checkbox"/> Letter Sent
History Check		<input type="checkbox"/> Practice	<input type="checkbox"/> Address
		<input type="checkbox"/> Dues Detail	<input type="checkbox"/> Biographical
			<input type="checkbox"/> Category

<sup>1</sup>**Retired Membership** is available to an active member in good standing who has been an active member and is now a retired member of a constituent society, if such exists, and is no longer earning an income from any activity for which a license to practice dentistry or dental hygiene is required by the state.

<sup>2</sup>**Retired Life Membership** is available to a member who has been a member for 30 consecutive years or 40 total years, is a member in good standing, and is no longer earning an income from any activity for which a license to practice dentistry or dental hygiene is required by the state. Life membership is effective the calendar year following the year in which these requirements are fulfilled.