



AADSM

1001 Warrenville Rd., Suite 175  
Lisle, IL 60532  
Phone: 630-686-9875 Fax: 630-686-9876

Accreditation No. \_\_\_\_\_  
*For office use only*

## Application Fee Form

Please complete and submit this form along with the *Accreditation Application* to the AADSM National Office.

Name of DSM Facility: \_\_\_\_\_

Name of Dental Director: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Email Address of Primary Contact: \_\_\_\_\_

**Please select the appropriate application fee:**

- AADSM Member: \$2,500.00 (AADSM Member Number: \_\_\_\_\_)  
 Nonmember: \$2,675.00

**Method of Payment** *(please check one)*

- Please make checks payable to the AADSM (U.S. funds drawn on a U.S. bank)  
 For payment by credit card (Visa/Mastercard/American Express):

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Validation code\*: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

*\*For a VISA or MasterCard, the validation code is the last 3 numbers in the signature box. For an American Express, the validation code is the 4 numbers above the credit card number.*