

MEMBERSHIP TRANSFER APPLICATION



American Academy of Periodontology

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Chicago, Illinois 60611-6660

Voice: 800/282-4867 (United States & Canada) or 312/787-5518

Fax: 312/573-3225 Website: www.perio.org

Check category to transfer: ACTIVE
 ASSOCIATE
 INTERNATIONAL
 STUDENT

Please remember to check (v) a transfer category above.

Name: _____ Member ID _____
(First, Middle Initial, Last)

Address _____

Office Phone: _____ Cell Phone: _____

Fax: _____ Website Address: _____

E-mail _____ Date of Birth: _____

Place of Licensure: _____ Dental License Number: _____

Periodontal Training Institution: _____ Completion date: _____

Additional information

My practice is limited to (check all that apply):

Periodontics General Dentistry Other _____

Professional Organization & Certification

ADA Membership:

I am a member of the American Dental Association: Membership number _____

International members, please complete:

I am a member of a nationally recognized dental association.

Organization _____ Membership number _____

Application verification

I certify that the foregoing information is true and correct to the best of my knowledge. I believe I am eligible for membership in the category requested. I agree to uphold the principles and the objectives of the Academy and abide by its bylaws. I agree to advise the Academy of any changes in status that would amend or alter the information provided in the application. I understand that a portion of the membership fee is payment for a *Journal of Periodontology* subscription (U.S./Canadian \$268.00 and International \$319.00).

Signature: _____ Date: _____

PLEASE RETURN THIS APPLICATION TO MEMBER.SERVICES@PERO.ORG.