



**American Academy of Periodontology**  
 Membership Department  
 737 N. Michigan Avenue, Suite 800  
 Chicago, Illinois 60611-6660  
**Voice:** 800-282-4867  
**Fax:** 312-787-3670  
**Web site:** www.perio.org

**2012 STUDENT MEMBERSHIP APPLICATION**

**Student Membership Qualifications:** Any person shall be eligible to be a Student Member who is continuously enrolled in a 3-year training program in periodontology accredited by the Commission on Dental Accreditation of the American Dental Association. Student members may remain such for up to two years after graduation, during which period their practice, if any, must be limited to periodontology. 2012 Membership Dues Fee: \$117 - Calendar year: January-December 2012. Membership includes issues of the *Journal of Periodontology*: January-December 2012. **Please allow 4-6 weeks for delivery of *Journal* back issues. If application is received after October 31, 2012, it will automatically be credited toward the 2013 calendar year and your *Journal* subscription will begin in January 2013.** Any questions regarding this application contact the Membership Department at 800-282-4867 or Email: member.services@perio.org Please type or print clearly and include an endorsement from your Periodontal Program Director.

1. **NAME** \_\_\_\_\_ **Check One:**  **DDS**     **DMD**  
 (First, Middle Initial, Last)

2. **HOME ADDRESS:** \_\_\_\_\_

**SCHOOL ADDRESS:** \_\_\_\_\_

**I wish to have my mail sent to (Check One):**  **Home Address**     **School Address**

**PRIMARY PHONE NUMBER (    )** \_\_\_\_\_ **This is my (Check One):**  **School #**  
 **Home #**

**CELL PHONE NUMBER (If not listed above): (    )** \_\_\_\_\_  **Cell #**

**FAX NUMBER (    )** \_\_\_\_\_ **E-MAIL** \_\_\_\_\_

3. **DATE OF BIRTH** \_\_\_\_\_ **GENDER**  **M**     **F**

4. **PLACE of LICENSURE** \_\_\_\_\_ **DENTAL LICENSE NO.** \_\_\_\_\_

5. **DENTAL EDUCATION: Dental School** \_\_\_\_\_

Degree \_\_\_\_\_ Date \_\_\_\_\_

6. **LIST YOUR AMERICAN DENTAL ASSOCIATION MEMBERSHIP NUMBER:** \_\_\_\_\_

7. **DOES YOUR SCHOOL PAY OR REIMBURSE YOU FOR:**

AAP Annual Dues  **Yes**     **No**

AAP Annual Meeting - Travel Expenses

Registration Fees

1<sup>st</sup> year of program     **Yes**     **No**

**Yes**     **No**

2<sup>nd</sup> year of program     **Yes**     **No**

**Yes**     **No**

3<sup>rd</sup> year of program     **Yes**     **No**

**Yes**     **No**

**Comments:** \_\_\_\_\_

\_\_\_\_\_

## PROGRAM DIRECTOR'S ENDORSEMENT

THIS APPLICATION FORM IS NOT COMPLETE UNLESS THE SIGNATURE OF THE PROGRAM DIRECTOR OF THE DEPARTMENT OF PERIODONTOLOGY APPEARS IN THE INDICATED SPACES.

8. I certify that \_\_\_\_\_ is enrolled in graduate training in periodontics. He/she began his/her training on \_\_\_\_\_ 20\_\_\_\_\_ and will complete his/her training on \_\_\_\_\_ 20\_\_\_\_\_. I further certify that the Council on Dental Education of the ADA accredits the program in which he/she is enrolled. Upon successful completion of the program the applicant will have met the formal training requirements for examination by the American Board of Periodontology.
- Name of School \_\_\_\_\_
- Program Director's Signature \_\_\_\_\_
- Date \_\_\_\_\_

## APPLICANT'S CERTIFICATION

9. I certify that the foregoing information is true and correct to the best of my knowledge. I believe I am eligible for Student Membership in the American Academy of Periodontology and when I am accepted for membership, I agree to uphold the principles and the objectives of the Academy. I understand that \$51.50 of my \$117.00 membership fee is being applied to my *Journal of Periodontology* subscription.

**I also understand that upon completion of my graduate training I have the privilege to remain in this category for two (2) years then must transfer to another membership category and be a member of the American Dental Association. (Note: If member resides outside the United States they are required to be a member of a recognized national dental association or a recognized Canadian provincial dental association if the dentist resides in Canada).**

**The processing of your membership and the start of your Journal subscription will begin once we receive a complete application form and your credit card information below. Please allow 4-6 weeks for delivery of *Journal* back issues.**

Type of Credit Card: (Check One)  VISA  MasterCard

Account Number: \_ \_ \_ \_ \_ - - \_ \_ \_ \_ \_ - - \_ \_ \_ \_ \_ - - \_ \_ \_ \_ \_

Expiration Date: \_\_\_\_/\_\_\_\_ (required)  
(month) (year)

### Non-Deductibility of Dues Applicable to Lobbying Expenses

Consistent with Internal Revenue Service regulations pursuant to Congressional legislation, the AAP is required to notify members of the portion of their dues payment that is applicable to lobbying expenses and, therefore, not deductible as a business expense. The AAP has determined that the following amounts are not deductible as a business expense from your 2012 dues payment: Active-\$7, Associate-\$2, Student-\$1, Retired-\$1, International-\$2, Life Active-\$2 and Life Non-Active-\$1.

Contributions or gifts to the American Academy of Periodontology are not deductible as charitable contributions for federal income tax purposes. Once again, consult your tax adviser for advice on specific questions.

Applicant's Signature \_\_\_\_\_ DATE \_\_\_\_\_