

# MEMBERSHIP TRANSFER APPLICATION



## American Academy of Periodontology

737 North Michigan Avenue, Suite 800

Chicago, Illinois 60611-6660

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

Fax: 312/573-3225 Web site: [www.perio.org](http://www.perio.org)

Check category to transfer:  ACTIVE  
 ASSOCIATE  
 INTERNATIONAL

Please complete the following information. DO NOT forget to (v) check a transfer category above.

Name: \_\_\_\_\_ Member ID: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Place of Licensure: \_\_\_\_\_ Dental License Number: \_\_\_\_\_

Periodontal Training Institution: \_\_\_\_\_ Completed In: \_\_\_\_\_

My practice is limited to (check all that apply):  Periodontics  General Dentistry  
 Other (List) \_\_\_\_\_

List your membership information regarding the American Dental Association.

**Note:** (International applicants must list a recognized national dental association.)

Organization Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

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. \$232.00 and International \$278.00).

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN THIS APPLICATION TO THE MEMBERSHIP DEPT.  
AAP FAX NUMBER (312) 573-3225**