

SOUTHERN ACADEMY OF PERIODONTOLOGY

MEMBERSHIP APPLICATION

Please print or type

Name _____ Birth date: _____
Last First

Practice Address _____
Street

City _____ State _____ Zip Code _____

Telephone: Practice: () _____ Home: () _____
Area Code Area Code

FAX # _____ E-Mail _____

Name of Spouse _____

Membership American Academy of Periodontology _____ Yes _____ No Active Member _____ Student Member _____ Academic Member _____

Member of State Dental Association _____ Yes _____ No Member of State Periodontal Society _____ Yes _____ No

Dental Education _____ School _____ Year _____ DMD, DDS _____

Post-graduate Education

School _____ Department _____
(Perio; etc.)

Year Completed _____ Degrees (certificate, master, etc.) _____

Board Certification _____ Yes _____ No American Board of Periodontology _____ Year

Other Boards (please list) _____

Have you ever been convicted of a felony, been reprimanded by a licensing body or had your dental license revoked? _____ Yes _____ No

Signed _____

Date _____

Home Address _____

PLEASE MAIL, EMAIL OR FAX TO:
Southern Academy of Periodontology
P.O. Box 1988
Anna Maria, FL 34216

E-mail: periosouth@tampabay.rr.com
Phone: 941 778-0670
FAX: 941 894-6166