



APPLICATION FOR MEMBERSHIP

Date: _____

Name: _____ Degree (DDS, DMD, etc.) _____

Email: _____ **Please use:** Office address _____ Home address _____

Office Address: _____ City: _____ ST: _____ ZIP: _____

Telephone: () _____ FAX: () _____

Home Address: _____ City: _____ St: _____ Zip: _____

Home Telephone: () _____ Spouse's Name: _____

Dental Graduate of: _____ Year: _____

Periodontal Training: _____ Year: _____

ADA Member # _____ AAP Member # _____

Membership in the following professional organizations: _____

I hereby apply for membership in the Florida Association of Periodontists and certify that my practice is limited to Periodontics.

- 1. Photo copy of certificate in Periodontics
- 2. Application fee of \$50.00.
- 3. Dues of \$195.00 (covers two meetings per year)

To be a member of the FAP you must meet the requirements of the American Dental Association and the State of Florida for the specialty of Periodontics, must be in good standing with the American Academy of Periodontology.

Signature of Applicant: _____

Fees Included: Dues \$ _____ Application Fee \$ _____

Paying by check? **Mail to: 34049 Woodland Circle, Ridge Manor, FL 33523**

Using a credit card? Please provide the following information:

Name on card: _____ Visa MasterCard Discover

Card billing address: _____

Card Number: _____ Expiration Date: _____ Security Number: _____

PLEASE NOTE CREDIT CARD INFORMATION WILL BE DESTROYED AFTER PAYMENT HAS BEEN PROCESSED.

Questions: (352) 232-6800 fap@tampabay.rr.com