Dear Doctor: **JOIN US.**

Thank you for your interest in the American Academy of Periodontology (AAP). Membership in the AAP will connect you with a wealth of information and networking opportunities within the periodontal community. Here's just a sample of what you receive when you join the AAP:

- 12 issues of the *Journal of Periodontology* with online access to all full text articles from 1999 as well as future issues.
- Quarterly issues of *AAP News,* a timely look at activities happening in the periodontal community.
- Discounts on meeting registration fees, specialty conferences and Academy products. These discounts alone more than cover your annual dues.
- Monthly *All Member News Report* e-mailed to notify members about new information or services provided by the Academy.
- 24-hour access to insurance information through the AAP Web site. The site includes key coding and reimbursement information, as well as frequently asked questions and complaint resolution tools.
- Online member only access to the AAP Volunteer Program, a network of nearly 400 colleagues ready to share their knowledge and expertise.

Please complete and return the enclosed membership application form today!

If you have any questions, please email the membership department at member.services@perio.org or call 312/573-3253 or 312-573-3218. I would also like to invite you to visit our website at www.perio.org.

Sincerely,

Jay Salzman, DMD
Chair, Membership and Awards Committee

INSTRUCTIONS
for Membership Application

American Academy of Periodontology
737 North Michigan Avenue, Suite 800
Chicago, Illinois 60611-2690
Voice: 800/282-4867 (United States & Canada) or 312/787-5518
Fax: 312/573-3225
Web site: www.perio.org

The application form should be clearly typed or printed. Please note that this is a two-sided page of questions, and enclosed you will find a fact sheet. Should you have any questions regarding completion of these forms and live within the Continental U.S. or Canada, please contact the Membership Department at 800/282-4867. If you live outside the Continental U.S. or Canada, call us at 312/787-5518 or e-mail us at member.services@perio.org.

Active

1. Complete the application form and return it to the AAP Central Office including credit card information for the $200 application fee and $755 2004 Annual Dues Fee.
2. Application is considered complete when information supplied includes: Dental Education Information (#5), Practice Profile (#6), ADA membership number (#7), your signature (#8) and two Active AAP member endorsements (#9).

Associate

1. Complete the application form and return it to the AAP Central Office including credit card information for the $150 application fee and $269 2004 Annual Dues Fee.
2. Application is considered complete when information supplied includes: Dental Education Information (#5), Practice Profile (#6), ADA membership number (#7), your signature (#8) and one Active AAP member endorsement.

International

1. Complete the application form and return it to the AAP Central Office including credit card information for the $50 application fee and $307 2004 Annual Dues Fee.
2. Application is considered complete when information supplied includes: Dental Education Information (#5), Practice Profile (#6), recognized national dental association name and membership number (#7), your signature (#8) and two Active AAP member endorsements (#9).
   Note: International applicants who are not in a position to obtain two Active member endorsements may submit one endorsement from their local or national dental association and the other endorsement must be from an Active or Associate member. If you need assistance in securing endorsements, please contact the AAP Membership Department.

Once your application has been approved, you will receive a kit explaining all your membership benefits and services.

Note: **Credit card information for payment of the application fee and annual dues must accompany the application.**

Membership is calendar year: January 1 to December 31, 2004. The *Journal of Periodontology* subscription will begin in January, 2004. Back issues of the *Journal of Periodontology* of the current year will be mailed. **Please allow 4-6 weeks for delivery of Journal back issues. If application is received after November 1, 2004, membership will automatically be credited toward the 2005 calendar year and your *Journal* subscription will begin in January 2005.**

MEMBERSHIP APPLICATION

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1. Name_____ Date_____

2. Address_____

_____

City _____State _____ Zip Code _____

Phone _____ Fax Number _____

E-Mail Address_____ Web site Address _____

3. Birthdate _____ Birthplace _____

Place of Licensure _____ Dental License No. _____

4. Circle category applied for: (See Fact Sheet)

ACTIVE ASSOCIATE INTERNATIONAL

5. **Dental education:**
Dental School _____ Degree _____ Date _____

Periodontal Graduate/Specialty Training:
Institution: _____

Date of Certification _____

Other Specialty Training - Area or Field: _____

Institution _____

Date of Certification _____

(*continued)*

6. **A.** My practice is limited to: ☐ Periodontics ☐ General Dentistry

☐ Other _____

B. I am also ethically qualified to announce as a dual specialist (dual practice) according to the requirements of the American Dental Association and limit my practice to periodontology and:

☐ Oral and Maxillofacial Surgery	☐ Prosthodontics
☐ Endodontics	☐ Oral Pathology
☐ Orthodontics	☐ Dental Public Health
☐ Pediatric Dentistry	☐ Not Applicable

7. List your membership information regarding the American Dental Association or national dental association affiliation. **Note:** (International applicants must list a recognized national dental association.)

Organization Name: _____

Membership Number: _____

8. 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. If I am elected to membership in the American Academy of Periodontology, I agree to uphold the principles and the objectives of the Academy and abide by its bylaws. I agree further 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. $185.00 and International $225.00).

Signature _____ Date _____

9. Please list the names of your two endorsers.

1. _____ (Please print.) 2. _____ (Please print.)

10. Credit card information for payment of dues and the initiation fee are required when the membership application is submitted.

Type of Credit Card: (Check One) ❑ **VISA** ❑ **MasterCard**

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

Expiration Date: _____/_____ (required)
(month) (year)

For Office Use: Accepted Date _____ 05/2004

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FISCAL YEAR: The fiscal year of the Academy shall be from January 1 to December 31.

FEES AND DUES: Annual dues are due on January 1. Members whose dues are not received by March 1 shall be assessed a $50 penalty. If the dues and any applicable penalty have not been received by March 31, membership will automatically be cancelled.

The amounts of fees and dues payable by the various classifications of members of the Academy are as follows:

MEMBERSHIP CATEGORY CLASSIFICATION	APPLICATION FEE (New Member)	2004 ANNUAL FEES	*2004 JOURNAL OF PERIODONTOLOGY* SUBSCRIPTION RATES
(a) Active Members	$200	$755	$185 per year**
(b) Associate Members	150	269	185 per year**
(c) Student Members	None	102	185 per year**
(d) International Members	50	307	225 per year**
(e) Life Active	None	378	185 per year**
(f) Life Non-Active	None	70	
(g) Retired Members	None	70	
(h) Honorary Members	None	None	

**Payment of Annual Membership Dues (except by Life Non-Active and Retired Members) entitles members to a subscription to the *Journal of Periodontology* valued at the above subscription rates. Life Non-Active and Retired members shall pay for a subscription to the Journal, if one is desired.

Dues payments to the American Academy of Periodontology are not deductible as charitable contributions for federal income tax purposes. Such payments may, however, be deductible as ordinary and necessary business expenses. Consult your tax adviser for advice on specific questions.

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 percentages are not deductible as a business expense from the enclosed billing notice:

Active - $16.00
Associate - $6.00
International - $0

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.

ENDORSEMENT FORM

American Academy of Periodontology
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Chicago, Illinois 60611-2690
Voice: 800/282-4867 (United States & Canada) or 312/787-5518
Fax: 312/573-3225
Web site: www.perio.org

Instructions for completing endorsement form:
Please fill in your name and the membership category requested in the spaces indicated below. Send this form to your endorser who should sign and date this document and return it to the Academy in the envelope that is provided.

This will attest that I am personally acquainted with Dr. _____

an applicant for _____ membership in the American Academy of Periodontology, and that to the best of my knowledge his/her character and professional qualifications warrant membership in this Academy.

_____ _____
Endorser's signature Date

Endorser's Membership Category:
(Please check box) ☐ ACTIVE ☐ ASSOCIATE ☐ Endorsement of applicant's Local or national dental association (for *International applicants only*)

Print Name _____

Address _____

_____

MEMBERSHIP CATEGORIES AND REQUIRED ENDORSEMENTS

Active...dentists in the United States who limit their professional activities exclusively to periodontics or to periodontics and other announced specialty or specialties.
Endorsement: Two Active Members

Associate...dentists in the United States who are interested in the art and science of periodontology...may be general dentists, practitioners in another specialty, or periodontists who do not limit their professional activities to periodontics.
Endorsement: One Active Member

International...dentists residing outside the United States who are members of a recognized dental association and interested in the art and science of periodontology.
Endorsement: Two Active Members or 1. endorsement of the applicant's local or national dental association and 2. endorsement by an Active or Associate Member.

Return completed form to: American Academy of Periodontology
Membership Department
737 North Michigan Avenue Suite 800
Chicago, IL 60611-2690

FACT SHEET

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AAP BYLAWS

CHAPTER I - MEMBERSHIP

SECTION 1. CLASSIFICATION:

The members of this Academy shall be classified as follows:

(a) Active Members
(b) Associate Members
(c) Student Members
(d) International Members
(e) Life Active Members
(f) Life Non-Active Members
(g) Retired Members
(h) Honorary Members

SECTION 2. QUALIFICATIONS:

The qualifications for the various classifications of membership shall be as follows:

A. Active Members. Any dentist shall be eligible to be an Active member who is licensed to practice in the United States and its territories, is a member in good standing of the American Dental Association and who meets at least one of the following qualifications:

1. is ethically qualified to announce as a specialist in periodontology according to the requirements of the American Dental Association and limits practice to periodontology;

2. is ethically qualified to announce as a specialist in periodontology and also as a specialist in one or more of the other recognized specialties according to the requirements of the American Dental Association and limits practice to periodontology and the other announced specialty or specialties;

3. has continually been an Active member of this Academy (or the American Society of Periodontists) since June 6, 1967; or

4. is engaged primarily in teaching and research in periodontology (or is a full time academic who has transferred from a teaching to an administrative position) with supplemental practice, if any, limited to periodontology.

A foreign-trained dentist residing in the United States or its territories who has completed advanced training in periodontics in a program accredited by the Commission on Dental Accreditation of the American Dental Association shall be eligible to be an Active member even if the dentist is not licensed to practice in one of those countries, provided the other criteria set forth above are met.

Any Canadian dentist who was an Active member of the Academy on September 26, 2002 may retain Active membership status by electing such status prior to the next date for payment of the member's dues.

B. Associate Members. Any dentist shall be eligible to be an Associate member who is a resident of the United States and its territories, is a member in good standing of the American Dental Association and is interested in the art and science of periodontology. However, no dentist who meets the qualifications to be an Active member shall be eligible to be an Associate member.

C. Student Members. Any person shall be eligible to be a Student member who is continuously enrolled in a 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 practices, if any, must be limited to periodontology. An extension of the two-year limitation may only be obtained by application to the Board of Trustees.

Student members may remain in, or return to, this category if they choose to continue in other full-time accredited educational programs after completing their periodontal program.

D. International Members. Any dentist residing outside of the United States and its territories shall be eligible to be an International member who is interested in the art and science of periodontology and who is either a member of a recognized national dental association or a recognized Canadian provincial dental association if the dentist resides in Canada.

E. Life Active Members. Any person shall be eligible for Life Active membership: (a) who has been an Active member in good standing in the Academy for at least 25 consecutive years, has attained age 65, and derives income from the practice of dentistry, or (b) was a Life Voting member prior to September 26, 2002.

F. Life Non-Active Members. Any person shall be eligible for Life Non-Active membership who has been an Active member in good standing in the Academy for at least 25 consecutive years, has attained age 65, and does not derive income from dentistry. Members who were Life Non-Voting members prior to September 26, 2002, are grandfathered into this category.

G. Retired Members. Any person who has been a dues paying member of the Academy shall be eligible to be a Retired member upon complete retirement from the practice of dentistry.

H. Honorary Members. Honorary members shall be chosen from those persons who have made outstanding contributions to the art and science of periodontology. Recipients of Honorary membership must be persons who are ineligible for Active membership. Current staff and paid consultants are ineligible for Honorary membership.