American Academy of Periodontology
Membership Department
737 N. Michigan Avenue, Suite 800
Chicago, Illinois 60611-6660
Voice: 800/282-4867 or 312/787-5518
Fax: 312/573-3225
Website: www.perio.org

The American Academy of Periodontology (AAP) is an 8,200-member association of dental professionals specializing in the prevention, diagnosis and treatment of diseases affecting the gums and supporting structures of the teeth and in the placement and maintenance of dental implants. Membership includes periodontists and general dentists from all 50 states as well as around the world.

The application form should be clearly typed or printed. If you have any questions regarding completion of these forms and live in the United States or Canada, please contact the Membership Department at 800/282-4867. If you live outside the United States or Canada, call us at 312/787-5518 or e-mail us at member.services@perio.org.

<table>
<thead>
<tr>
<th>Category/Eligibility</th>
<th>2015 Dues/Application Fee</th>
</tr>
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<tbody>
<tr>
<td><strong>Active</strong></td>
<td></td>
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<tr>
<td>• Licensed to practice dentistry in the U.S.</td>
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<tr>
<td>• Member of the American Dental Association (ADA).</td>
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<tr>
<td>• Qualified as a specialist in periodontics according to ADA requirement and limits practice to periodontics.</td>
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<tr>
<td>• Qualified both as a periodontist and one or more other ADA-recognized specialties and limits practice to these specialties.</td>
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<tr>
<td>• Has successfully completed periodontal training in an accredited periodontal program in the United States.</td>
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<tr>
<td>• Is primarily a researcher or educator in periodontics who limits practice to periodontics.</td>
<td>$940 Dues/$200 Application Fee</td>
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<tr>
<td><strong>Associate</strong></td>
<td>$940 Dues/$150 Application Fee</td>
</tr>
<tr>
<td>• Any dentist in the U.S. and its territories who is not eligible for Active membership and who is a member of the ADA.</td>
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<tr>
<td><strong>International</strong></td>
<td>$472 Dues/$50 Application Fee</td>
</tr>
<tr>
<td>• Any dentist residing outside the U.S. and its territories who is a member of a national dental association.</td>
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Once your application has been approved, you will receive an email with your website login credentials and membership information. A brochure explaining all your membership benefits and services will be sent to you.

Payment of annual membership dues (except for Retired members) entitles members to a subscription to the Journal of Periodontology valued at the published subscription rates.

**Note:** Credit card information for payment of the application fee and annual dues must accompany the application. Membership is by calendar year: January 1, 2015 to December 31, 2015. The Journal of Periodontology subscription will begin in January 2015.

Non-Deductibility of Dues Applicable to Lobbying Expenses
AAP membership dues are not deductible as a charitable contribution but may be deductible as an ordinary business expense. To the extent that the AAP engages in lobbying, the AAP has determined that the following amounts are not deductible as a business expense from your 2015 dues payment: Active - $7, Associate - $2, Student - $1, International - $2, Life Active - $2, Retired - $1. Consult your tax adviser for advice on specific questions.
1. PERSONAL INFORMATION

Name ____________________________________________

Date of Birth ________________________________

Place of Licensure _____________________________ Dental License Number ____________________________

Gender: Male □ Female □

Credentials: □ DDS □ DMD □ Other ______________________

ETHNICITY:

□ American Indian or Alaska Native □ Asian
□ Black or African American □ Hispanic or Latino
□ Native Hawaiian or Other Pacific Islander □ Other ______________________
□ White or Caucasian

Mailing Address: (To be used for all correspondence and for publication in Membership Directory.)

☐ Primary Office Address  ☐ Home Address

PRIMARY OFFICE ADDRESS

Street ____________________________________________

City __________________________ State _____________ Postal Code ____________________________

Country (Outside the US) __________________________ Office Phone ____________________________

Cell Phone __________________________ Fax __________________________

E-mail __________________________ Website Address __________________________

Do you practice at any additional office? □ Yes □ No

*Note: The Academy never supplies telephone, fax numbers, or e-mail addresses to any outside firm or organization.

HOME ADDRESS

Street ____________________________________________

City __________________________ State _____________ Postal Code ____________________________

Country (Outside the US) __________________________

Were you referred by a current member? If yes, by whom? __________________________

Why are you joining the AAP? (Your response to this question will help us develop member benefits that meet your needs.)

☐ Check this box if you’re willing to have your answer to the preceding question used in future AAP materials. If possible, please email a photo for use with your quote to genevive@perio.org.
2. PRACTICE INFORMATION

My practice is limited to: □ Periodontics □ General Dentistry □ Other ________________________________

Do you have a teaching appointment? □ Yes □ No
If yes, institution Name________________________ Full or Part-Time____________________

Are you a member in the military or federal agency? □ Yes □ No
If yes, list department name________________________

Current practice environment: (check one) □ Solo □ Group □ Partnership
□ Associateship □ Clinic □ Faculty □ Federal Dental Service

3. EDUCATION

Dental School________________________________________ Degree_________________ Date__________

Periodontal Graduate/Specialty Training Institution________________________________________
Date of Certification________________________________________

Other Specialty Training (if any):__________________________________________________
Date of Certification___________________________

4. ORGANIZATION MEMBERSHIP

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: __________________________

5. APPLICATION CERTIFICATION

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. $260 and International $310).

Signature __________________________________________ Date _________________________

6. PAYMENT

After you submit your application, a link to pay your membership dues and application fee will be sent to you within one business day at the above email address. Please click the link in the email to go to a secure site for entering your credit-card information. Once we receive your payment, your membership will be activated.
MEMBERSHIP CLASSIFICATION
The members of this Academy shall be classified as follows:
Active Members
Associate Members
International Members

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

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.

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.

ATTENDANCE REQUIREMENTS
Active members are required to attend at least one Annual Meeting during each three-year period. Associate members are required to attend one Annual Meeting during each five-year period. These attendance requirements must be met unless a petition for extension of the time period has been filed with the Board of Trustees.
In the event of illness or other extenuating circumstance a member may petition the Board of Trustees (by letter addressed to the Secretary/Treasurer) for an extension of the three-year period (five-year for Associate members). However, such a petition must be submitted no later than 60 days following the Annual Meeting.