

**2023 AMERICAN ACADEMY OF PERIODONTOLOGY MEMBERSHIP +4
APPLICATION: ACTIVE/LIFE ACTIVE/INTERNATIONAL/RETIRED**



American Academy of Periodontology
Member Services Department
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The American Academy of Periodontology (AAP) is a 7,500-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. Members are encouraged to visit online at www.perio.org to complete their application.

Category/Eligibility	2023 Dues
<p>Active +4 Membership</p> <ul style="list-style-type: none"> • Licensed to practice dentistry in the U.S. • Qualified as a specialist in periodontics according to ADA requirement and limits practice to periodontics. • Qualified both as a periodontist and one or more other ADA-recognized specialties and limits practice to these specialties. • Has successfully completed periodontal training in an accredited periodontal program in the United States. • Is primarily a researcher or educator in periodontics who limits practice to Periodontics. 	<p>\$1393 Dues</p>
<p>Life Active +4 Membership</p> <ul style="list-style-type: none"> • Any Active member who is 65 years or older and has been an Active member for 25 or more consecutive years. 	<p>\$1047 Dues</p>
<p>International +4 Membership</p> <ul style="list-style-type: none"> • Any dentist residing outside the U.S. and its territories who is a member of a national dental association. 	<p>\$698 Dues</p>
<p>Retired +4 Membership</p> <ul style="list-style-type: none"> • Any dues paying member of the Academy of 10 years who has completely retired from the practice of dentistry. • Any dues-paying member of the Academy who is disabled and has completely retired from the practice of dentistry. • Retired members receive online-only subscriptions to AAP journals. 	<p>\$129 Dues</p>

Once your application has been approved, a link to pay your membership dues will be sent to you. Once we receive your payment, your membership will be activated, and you will receive an email with your website login credentials and membership information. 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.

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 2023 dues payment: Active - \$7, Associate - \$2, Student - \$1, International - \$2, Life Active - \$2, Retired - \$1. Consult your tax adviser for advice on specific questions.

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1. Membership Application Type:

Membership Category	Application Type
<input type="checkbox"/> Active	<input type="checkbox"/> Initial Application
<input type="checkbox"/> Associate	<input type="checkbox"/> Re-application
<input type="checkbox"/> International	<input type="checkbox"/> Recruitment & Rewards Program
<input type="checkbox"/> International Student	

2. Were you recruited by another member? Yes No

If you answered "yes" then please provide the name of the member who recruited you.

3. **Name:** _____
(First, Middle Initial, Last)

Credentials: DDS DMD Other _____

4. Contact Information

Primary office address

Street _____

City _____ State _____ Postal Code _____

Country (Outside the US) _____

Office Phone _____ Cell Phone _____

Fax _____ Website Address _____

E-mail _____

Mobile Phone _____

Home Address

Street _____

City _____ State _____ Postal Code _____

Country (Outside the US) _____

Which address should we use for mailed correspondence?

Primary Office Address

Home Address

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

5. Demographics:

Date of Birth: _____

Gender M F

Ethnicity:

<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	
<input type="checkbox"/> White or Caucasian	<input type="checkbox"/> Other

6. Education:

Dental School Name: _____

Degree: _____ Date: _____

Place of Licensure: _____ Dental License Number: _____

Education (continued)

Periodontal Graduate/Specialty Training Institution: _____

Date of Certification: _____

Other Training (if any): _____ Date of Certification: _____

7. Practice Information

My practice is limited to: Periodontics General Dentistry Other _____

Do you have a teaching appointment? Yes No

If yes, Institution Name _____ Full Time 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

8. 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. \$273 and International \$325).

Signature _____ Date _____