American Academy of Periodontology

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2026 AAP Membership Mailing List Order Form

This daily updated list of names and addresses is a highly effective way to reach thousands of periodontists. List does not include phone numbers, fax numbers or email addresses.

Please Complete Each Section:

Mailing List Licensing Fee (check one)

☐ **Member:** $425
(Informational mailings only; for-profit promotions charged commercial rate)

☐ **Affiliate Non-Profit Organization:** $700
(Mailings from non-profit organizations such as schools and local, regional, or state periodontal societies)

☐ **Commercial:** $1250
(Mailings promoting a for-profit product or service)

☐ **Listing of Program Directors Only:** $100

Label Options

Membership Categories: (check one or more)
(Number in parentheses indicates the approximate number of members in each category as of July 1, 2026.)

☐ Active (3,359)
☐ Associate (71)
☐ Retired (684)
☐ Student (703)
☐ Life-Active (771)
☐ All (6619)
☐ International (1015)
☐ International Student (16)

Distribution/Format: (check one)

☐ Excel Spreadsheet (sent via e-mail)

Sort Order: (check one)

☐ Zip Code
☐ Alphabetical

Special Selections: (check if applicable and attach description)

☐ Selected States
☐ Selected AAP Districts
☐ Other:_____

This agreement is made by and between the American Academy of Periodontology (the Academy) and Licensee for the licensing by the Academy to Licensee of the right to a one-time use of the Academy's mailing list subject to the following conditions:

1. **All persons submitting this form are required to submit a sample of the proposed mailing to the Academy for approval.**
2. The mailing list must not be used to distribute any mailing other than the one approved by the Academy. A mailing that deviates in any way from the approved sample will be considered in violation of this agreement. Licensee must obtain Academy approval in writing for any changes made after a sample is approved.
3. The Academy has the right to deny approval of a mailing using its mailing list for any reason.
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Please acknowledge your understanding and agreement with the above by signing below and return a signed copy, via fax or mail, to The American Academy of Periodontology.

* Note: A sample of the proposed mailing must be submitted along with this order form. The Academy rents its membership list for one-time use to members and commercial and not-for-profit organizations.

Contact/Shipping Information

Name:

Address:

City: State: Zip:

Telephone: Fax:

Email:

Preferred Service

Pending Academy approval, orders will be processed within 10 business days of receipt. For an additional 15% rush charge, orders can be processed in 3 business days once all materials and fees are received.

☐ 10 business days (no extra charge)

☐ Rush (3 business days – at customer's expense); add 25%

Payment Information

☐ Check Enclosed

☐ Credit Card

For credit card payments: Upon approval of your order, you will be contacted for credit card information. American Express, Visa and MasterCard are accepted.

Agreed and Accepted

Name of licensee: Date:

Signature: Company (if any):

Name of mailing house/printer (if any):

Telephone:

Representative of mailing house/printer: Date:

COMPLETE AND RETURN THIS FORM ALONG WITH THE SAMPLE MAILING, SIGNED LICENSE AGREEMENT FORM, AND PAYMENT TO:

American Academy of Periodontology
Attention: Member Services Department
737 N. Michigan Avenue Suite 800
Chicago, IL 60611-6660
Telephone: (312)787-5518
Fax: (312)573-3225
E-mail: member.services@perio.org