



## APPLICATION FOR MEMBERSHIP

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Degree (DDS, DMD, etc.) \_\_\_\_\_

Email: \_\_\_\_\_ **Please use:** Office address \_\_\_\_\_ Home address \_\_\_\_\_

Office Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_ ZIP: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ FAX: ( ) \_\_\_\_\_

Would you like to list your website on the FAP Website? www. \_\_\_\_\_

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 and must be in good standing with the Board of Dentistry.*

**Signature of Applicant:** \_\_\_\_\_

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

Paying by check? **Mail to: P.O. Box 7075, Wesley Chapel, FL 33545**

Using a credit card? Please provide the following information:

Name on card: \_\_\_\_\_  Visa  MasterCard  Discover

Card billing street number/zip: \_\_\_\_\_

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](mailto:fap@tampabay.rr.com) FAX: 813-388-6098 [www.floridaperio.org](http://www.floridaperio.org)