



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.

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.

- 1. Photocopy of certificate in Periodontics
2. Application fee of \$50.00.
3. Dues of \$250.00 (covers two meetings per year)
4. NEW GRAD: Apply within one year of graduation and all fees are waived.

Signature of Applicant: _____

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

Paying by check? Mail to: 30524 Birdhouse Drive, 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.