



Southern Academy of Periodontology

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Membership Application

Please complete and send to: saped@icloud.com

Name:	Birth date:	
Spouse Name:		
Practice Address:		
City, State, Zip		
Practice Phone:	Home Phone:	Cell Phone:
Email:		

MEMBERSHIPS		
AAP: Yes () No () State Dental Association: Yes () No () State Periodontal Society: Yes () No ()		
DENTAL EDUCATION		
School, Year:	DMD () DDS ()	
POST-GRADUATE EDUCATION		
School, Year:	Dept:	
Degrees:	Board Certification Yes () No ()	
American Board of Periodontology Yes () No () Year:		
Other Boards:		
Ever convicted of a felony, reprimanded by licensing body, or had dental license revoked: Yes () No ()		

Signed:	Date:
Home Address:	
City, State, Zip	

How did you hear about the Southern Academy (If by referral, please provide doctor's name)?