

# MEMBERSHIP APPLICATION

(Please Print)

## APPLICANT INFORMATION

Name:	Gender: Male	Female
School:		
Degree:	Year of Graduation:	
Email:	Preferred Address: <input type="checkbox"/> Office <input type="checkbox"/> Home	

## OFFICE ADDRESS

Street:		
City:	State:	ZIP Code:
Phone:	Fax:	

## HOME ADDRESS

Street:		
City:	State:	ZIP Code:
Phone:	Fax:	

## DENTAL PRACTICE

Periodontics  General Practice  Other Specialty:

## RELATED HEALTH DISCIPLINE (NON-DENTIST)

Hygienist  Assistant  Other:

## STUDENT (INCLUDE COPY OF STUDENT ID)

Dental  Undergraduate  Graduate  Dental Hygiene

School:	Year of Graduation:
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## CATEGORY AND SIGNATURE

I hereby apply for membership in The Western Society of Periodontology in one of the following categories. I certify that I am qualified for this category in accordance with the conditions stated in this application.

	<input type="checkbox"/> Active*	<input type="checkbox"/> Associate	<input type="checkbox"/> Affiliate	<input type="checkbox"/> Non-Resident	<input type="checkbox"/> Student
Dues	\$245	\$225	\$125	\$185	\$50
Initiation Fee	\$ 25	\$ 25	\$ 25	\$ 25	\$ 0
Total Dues & Fees	\$270	\$250	\$150	\$200	\$50

The appropriate dues and fees must be submitted with this application.

\*Active membership requires that a copy of your postdoctoral periodontics program certificate be submitted with this application.

Signature:	Date:
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Return Application to:  
The Western Society of Periodontology  
P.O. Box 458  
Artesia, CA 90702-0458

Phone: (562) 493-4080 • (800) 367-8386  
Fax: (562) 493-4340