Southern Academy of Periodontology
801 Royal Bonnet Ct.
Wilmington, NC 28405
Phone: 910 409-5499 Fax: 941-894-6166
E-Mail: saped@icloud.com Web: periosouth.org

Membership Application

Please complete (print or type) and fax to: 941-894-6166

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)?