California Society of Periodontists Membership Application

Personal Information

Name:	Suffix:	☐Male	☐Female
Home Address:	City:	State:	Zip:
Mobile Phone (Private):	Email (Private):		

Membership Category

☐ Active (5th year & above in practice) - $575 ☐ Active 1 (1st & 2nd year in practice) - $127 ☐ Active 2 (3rd & 4th year in practice) - $287

☐ Academic (Must be employed full time (3 days/week) in a dental school institution) - $316	Name of Institution:
☐ Government (Must be employed full time (3 days/week) in a government agency) - $316	Name of Agency:

☐ Affiliate (Out of state) - $250	☐ Retired $50	☐ Student (requirements see below *) -$0

Dental School:	Degree Earned:	Year of Graduation:
Periodontal Graduate Program:	Degree Earned:	Year of Graduation:

* Proof of enrollment in an ADA accredited Periodontal Graduate Program required for student membership.

Primary Practice Information

Name of Practice:	Phone:	Fax:
Address:		Suite #:
City:	State:	Zipcode:
Website:	Practice Email:	
Foreign Languages Spoken:	Dental License # (CA):	(Other States):

Additional Practice Listings *(Include phone/fax/email if separate in the space below)*

2nd Location Address:	Phone:	Fax:
3rd Location Address:	Phone:	Fax:

Are you diplomate of the ABP? ☐ Yes ☐ No	Do you provide conscious sedation in your practice? ☐ Yes ☐ No
Are you a conscious sedation examiner? ☐ Yes ☐ No	Referred by CSP Member? If yes, write in name:

Services Provided in Your Practice (Check all that apply):

☐ Non-Surgical Periodontal Therapy	☐ Implants & Related Procedures
☐ Cosmetic/Plastic Surgery	☐ Occlusal Therapy
☐ Oral Medicine & Pathology	☐ Children with Periodontal Disease
☐ Orthodontic Supportive Care	☐ I.V. Sedation
☐ Oral Sedation	☐ Laser Periodontal Therapy
☐ Surgical Periodontal Therapy	☐ Other (write-in):

Are you interested in becoming involved in CSP as a volunteer in a state or regional capacity? ☐ Yes ☐ No

☐ By checking this box, I certify that the foregoing information is true and correct to the best of my knowledge.

Payment Information

Make your check payable to **California Society of Periodontists.** Or to pay by credit card (we accept American Express, Visa, MasterCard and Discover) please complete the following sections.

Name on Card:	Expiration Date:	Security Code:
Credit Card Number:		
Billing Address for Credit Card:		
City:	State:	ZipCode:
Authorizing Signature:		Date:

Send completed application and check *(if paying by check)* to: California Society of Periodontists, Address: P.O. Box 7875, Norco, CA 92860
Register Online: www.calperio.org Questions? Phone: 951-371-431 •Fax: 951-371-7055 •Email: laura@calperio.org