

**SOUTHWEST SOCIETY OF PERIODONTISTS
APPLICATION FOR MEMBERSHIP**

Date: _____

MEMBERSHIP CATEGORY APPLYING FOR:

Active Academic Non-Periodontists Student Non-Resident Initiation Fee \$____enclosed / Dues \$____enclosed

If Student, please list year of graduation _____

*Application must be in the Central Office no later than 4 weeks prior to the meeting at which the application is to be considered.

1. Full Name: _____ Degrees: _____
 2. Address: _____ (Office) City: _____ State: _____ Zip: _____
 _____ (Home) City: _____ State: _____ Zip: _____
 3. Telephone: () _____ (Office) Fax: () _____
 () _____ (Home) E-mail: _____

4. Education	Location	Dates	Degree or Cert.
Predental			
Dental			
Graduate			
Internship			
Fellowship			
Other			

5. Hospital affiliations or consultant appointments: _____
 6. States licensed to practice in and license nos.: _____
 7. Board Eligible Diplomate
 8. University affiliation: _____ % Time: _____ Position: _____
 9. Active military duty. (List component and rank): _____
 10. If not in private practice, anticipated place of practice: _____
 11. Dental society memberships: _____
 12. SWSP Member References:
 Active Member: _____ Active Member: _____

If accepted, I will obey the By-Laws, Policies and Procedures of the Society and will attend and contribute to its meetings and activities.

Signature: _____

** Please enclose a copy of your Periodontal Training Certificate.

For Central Office use only. Application received in Central Office by: _____ Date Received: _____ Approval: Membership Committee: _____ Date: _____ Society: _____ Date: _____

THIS APPLICATION BECOMES A PERMANENT RECORD OF THE SOUTHWEST SOCIETY OF PERIODONTISTS.

INCOMPLETE APPLICATIONS WILL BE RETURNED.

MEMBERSHIP CLASSIFICATIONS

Membership Category	Description	Initiation Fee	Annual Dues
Active Member	Active Member (includes Academic and Active Duty Military) Limited to Periodontists, including Academic and Active Duty Military who are licensed to practice in the United States and who reside in the states of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma or Texas, and who meet the qualifications for Active Member as listed in Article III of the By-laws of the Southwest Society of Periodontists.	\$50	\$175
Academic Non-Periodontist Member	Academic Non-Periodontist Member Limited to individuals residing in the states of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma or Texas, who do not meet the qualifications for Active membership, but who are engaged in full-time research and/or teaching in periodontics in accredited dental schools at the undergraduate and/or graduate level. Has all of the privileges and responsibilities of Active Members except the rights to vote, to make nominations and to hold office. May serve on special committees.	\$50	\$175
Student Member	Student Member Student members do not pay annual dues and dues are waived for the first year after graduation from their training program. During the first year after graduation, graduates should request transfer to Active or Non-Resident membership status and pay the appropriate dues.	\$15	\$-0-
Non-Resident Member	Non-Resident Members Members residing outside of the geographic boundaries of the Southwest Society of Periodontists. The SWSP region includes the States of Arkansas, Colorado, Louisiana, Nebraska, Oklahoma, and Texas.	\$50	\$135
Life Active Member	Life Active Member An Active Member for the preceding 25 years and attained the age of 65 years of age. Retains all of the privileges and responsibilities of Active Members, including the rights to vote, to make nominations, to hold office and to serve on special committees.	\$-0-	\$125
Life Non-Active Member	Life Non-Active Member Active Member for preceding 25 years and attained the age of 65 years of age. Retains all of the privileges and responsibilities of Active Members except the rights to vote, to make nominations and to hold office. May serve on special committees. Life Non-Active Members do not pay annual dues.	\$-0-	\$-0-
Retired Member	Retired Members Members in good standing in any dues-paying category who completely retire from practice or teaching. Retain all of the privileges and responsibilities of Active Members except the rights to vote, to make nominations and to hold office. May serve on special committees. Retired Members do not pay annual dues.	\$-0-	\$-0-
Honorary Member	Honorary Members Honorary membership in this Society may be bestowed, in accordance with policies and procedures established by the Board of Directors, upon persons who do not qualify for active membership but have made outstanding contributions to the art and science of Periodontology. Honorary Members have all of the privileges and responsibilities of Active Members except the rights to vote, to make nominations, and to hold office. They have the right to serve on special committees. Honorary Members do not pay annual dues.	\$-0-	\$-0-

Please send Application for Membership and check to:

SWSP Central Office
Post Office Box 458
McQueeney, TX 78123-0458

Telephone: (830) 557-4123
(Please Leave Message)
Fax: (830) 557-4123

12/1/2008