

Midwest Society of Periodontology

APPLICATION FOR MEMBERSHIP (Please type or print)

Applying for: Active member
(Check one) Associate member

Date _____

Name _____

(Last) (First) (Middle)

Office Address
Street _____

City _____ State _____ Zip _____

Office Phone () _____ Date of Birth _____

Undergraduate Education _____ Degree _____ Year _____

Dental Education _____ Degree _____ Year _____

Certificate in Periodontics _____ Year _____

State Specialty Board License _____ Year _____

American Academy of Periodontology: Yes No Active Assoc.

Practice Limited to Periodontology: Yes No

Time spent in teaching or Research _____

Return completed form:

Midwest Society of Periodontology

c/o Timothy P. Walsh, D.D.S., P.C

6901 W. Stanley

Berwyn, IL 60402

Application must be accompanied by \$295 for dues and initiation fee.