



Membership Application

Membership Year: January 1-December 31, 2017

Member Contact Information

Member Type

Name: _____

Credentials: _____

AAP# (required): _____

ADA# (required): _____

GDA District (required): _____

Preferred Contact Email(s): _____

Active Member \$250

Academic Member \$250

New Periodontist \$195
1st year out of Residency

Retired Member Free

Perio Resident Free

Work Address: _____

Preferred Contact Address

City/State: _____ Zip: _____

Work Phone: _____ Fax: _____

Home Address: _____

Preferred Contact Address

City/State: _____ Zip: _____

Home Phone: _____

Membership requirements:

- Payment of dues indicates certification of meeting requirements of the American Dental Association for specialization in the field of Periodontics
- Members must also maintain membership in the American Dental Association and the American Academy of Periodontology (GSP Bylaws: Article IV, Section 1a and Article IX)

TOTAL ENCLOSED:

Please mail the application with a check to:

Dr. Ranjitha Krishna, 4200 Northside Parkway Building 5,
Atlanta GA, 30327

If you have questions about your membership, please contact Dr. Lyndsay Langston at (404)352-3123 or LNL@perioatlanta.com