



CAP MEMBERSHIP INVOICE
JANUARY 1, 2017 – DECEMBER 31, 2017
Amount Due upon Receipt: \$250.00CDN

(Membership is free of charge for new graduates in the first year of graduation)

Membership in the Canadian Academy of Periodontology is open to all periodontic specialists who are eligible for licensure as a periodontist in a province or territory of Canada. Please complete the information below and return it, with payment, to the CAP office so that your contact details can be entered in the office database as well as on the CAP website.

Name: _____ Yr of Graduation: _____

Date passed RCDC Board: _____ and AAP Diplomate Exams: _____

Name of practice: _____

Office Address: _____

City: _____ Province: _____ PC: _____

Office Telephone: _____ Office Fax: _____

Email address (for CAP website): _____

Website address (for CAP website): _____

VISA MC Name on card: _____

Card # _____ Expiry Date _____ / _____

Signature: _____

If mailing address or email is different from information above, please provide information below:

Mailing Address: _____

City: _____ Province: _____ PC: _____

Email address (for CAP correspondence): _____

CAP Privacy Policy

The CAP respects your privacy. If you **DO NOT** wish to have your practice contact information published on the CAP website, please sign below. This information is used by patients and dentists to search for a periodontist.

Signature: _____