



SOUTHEASTERN ACADEMY OF PROSTHODONTICS Membership Application

Please see membership application procedure on reverse side for requirements/fees.

Full Name _____

Business Address _____ Phone # _____

City _____ State _____ Zip Code _____ Email _____

Home Address _____ Cell # _____

City _____ State _____ Zip Code _____ Pref. Mailing: ____ Work ____ Home

Dental School/Graduation Date _____

Other Academic Degrees (College/Degree) _____

Years Practicing Dentistry _____ Full Time Specialty (if any) _____

Military Service (if any) _____

Professional/Dental Society Memberships _____

Professional Publications/Accomplishments _____

Post Graduate or Graduate Course _____

Formal Training in Prosthodontics (if any) _____

Type of Membership Desired: _____ Active _____ Associate

Applicant's Signature _____ Date _____

Please return this sheet to: SEAP, 30524 Birdhouse Drive, Wesley Chapel, FL 33545/Fax: 813-388-6098

Email: seaop@tampabay.rr.com Make checks payable to SEAP.

Using a credit card? The SEAP now takes: Visa/MasterCard/Discover/American Express

Name on card: _____

Card billing address (street number & zip only): _____ Signature _____

Card Number: _____ Expiration Date: _____ Security Number: _____

PLEASE NOTE CREDIT CARD INFORMATION WILL BE DESTROYED AFTER PAYMENT HAS BEEN PROCESSED.

Membership Application Procedure

REQUIREMENTS: Any member of the Dental Profession residing in one of the states encompassed by the Southeastern Academy and who is in good standing in the American Dental Association, Constituent (state), and Component (local) dental associations, is eligible for membership. A high percentage of the applicant's time and interest should be in Fixed and Removable Prosthodontics.

APPLICATION FORM: Applications shall be forwarded to the SEAP Executive Director, who will be responsible for properly processing the application. Applications which are approved by the Membership Committee and the Executive Council shall be submitted to a vote of the Academy at the Annual SEAP Meeting. An applicant's presence is highly encouraged at the meeting at which he/she is being voted upon to validate the application.

DUES and FEES: The annual dues are \$200.00 per year. The initiation fee for each active member admitted to the Academy is \$25.00.

BYLAWS: A copy of the Southeastern Academy of Prosthodontics Bylaws is available by emailing: seaop@tampabay.rr.com or requesting a copy.

ATTENDANCE: Attendance is encouraged at each annual meeting.

DEFINITION OF APPLICATION MEMBERSHIP CATEGORIES:

Active Members: Active members must be a resident of one of the following states, and/or conduct his/her primary practice of professional pursuit in one of the following states: Alabama, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, South Carolina, Tennessee, Virginia, or West Virginia. (Contact the office if you do not practice/live in one of these states.)

Associate Members: Associate members shall consist of members of the dental profession who are employed within the geographical area identified above, by the armed services of the United States Public Health Service or other public health services. Admission to the Academy of an associate member shall be in the normal prescribed manner as that for active members. Associate membership carries all the rights, privileges, and responsibilities as those afforded active members of the Academy, except for voting.

An associate member shall not forfeit his membership if he/she becomes a resident of a state outside of the geographical area described above. Any active member who moves out of the geographical area may continue membership in the Academy as an associate member.