



# MEMBERSHIP APPLICATION

**It's easy to join us, just complete and return the form below – please print or type!**

Primary Member's Name: \_\_\_\_\_  
Practice Name (if you use one): \_\_\_\_\_  
Practice Address: \_\_\_\_\_  
City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_  
Email: \_\_\_\_\_  
Practice Web site URL: \_\_\_\_\_

(so we can link to you for referral to prospective patients).

Group Practice Additional Members (25\$ annually each)

Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_  
Name \_\_\_\_\_

Types of Appliance Therapy you are currently doing:

Space Maintenance  Minor Tooth Guidance  Cosmetic Tooth Movement  
 Bruxism/TMJ  Sleep Apnea/Snoring  Bleaching Splints  Surgical Stints

Appliance Therapy techniques I am interested in learning more about:

Space Maintenance  Minor Tooth Guidance  Cosmetic Tooth Movement  
 Bruxism/TMJ  Sleep Apnea/Snoring  Bleaching Splints  Surgical Stints

I just want to get involved and support this exciting new field in dentistry

Initial Dues:

Check for \$100 enclosed. (add \$25 for each associate member)

Please charge my credit card: Card type: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Signature: \_\_\_\_\_

Associates Member – for dental students, auxiliaries, and lab techs.

Please send check for \$25 made payable to: ATP Association.

FAX to: 818-407-5445

Or mail to:

Membership

**Appliance Therapy Practitioner's Association**

9165 Gazette Ave.

Chatsworth, CA 91311

818-998-7460

**Money back guarantee** – we are the only association in dentistry that offers you a 100%, all of your money back guarantee!

If you are ever not completely satisfied with being a member of the Appliance Therapy Practitioner's Association, just contact the managing director for a complete, no questions asked, refund of the current years dues.