



Join us for an exciting 2016!!!

Join the ISOP, an organization for Illinois periodontists since 1963, in working to promote periodontics to the public and represent the specialty in the state of Illinois.

Membership Application

Name: _____ Degree: _____

Mailing Address: _____

Phone: _____

Email: _____

Periodontics Graduate Program: _____ Year: _____

Illinois Dental Specialist License Number: _____

I am full time Armed Services in IL or Full-Time Faculty (dues: \$45)

I am an ADA Member

Annual Dues are \$150. Membership is on a calendar year basis. New graduates are welcome at no charge for their first year.

Make dues check payable to: Illinois Society of Periodontists

Mail this portion to: Dr. Sonia Belani, ISOP Secretary

2124 Ogden Avenue, Suite 104

Aurora, IL 60504