American Academy of Craniofacial Pain

Leading the TMD Community

Are you interested in AACP Membership?

Name:_____

Date Accepted:_____

Welcome to the AACP

VISION: The American Academy of Craniofacial Pain will continue to be the Craniofacial Pain/TMD organization representing all practitioners in this discipline by providing a common ground for advancement of knowledge, clinical practice and research.

MISSION: The American Academy of Craniofacial Pain is committed to the relief of Craniofacial Pain and dysfunction, and the advance of education and research in this field.

"Leading the TMD Community"

"Leading the TMD Community" is more than a slogan. It is our guiding rule! To ensure that our members are heard, since 1985 the AACP has been actively involved with:

- **Research organizations,** such as the National Institutes of Health (NIH) and the National Institute of Dental & Craniofacial Research (NIDCR).
- **Professional and political organizations,** including the American Dental Association (ADA), state and local dental associations, licensing boards and the Food & Drug Administration (FDA).
- **Ongoing clinical research** that elevates professional standards of diagnostic testing, treatment protocols and outcome effectiveness.
- **Student outreach** aimed at recognizing and supporting qualified senior dental students interested in the practice of Craniofacial Pain.

MEMBER BENEFITS

When you join AACP, you become a member of a committed community of health professionals. Each member receives a/an:

- **Free referral service listing** to help prospective patients find an AACP member in their area.
- **Free subscription to *CRANIO: The Journal of Craniomandibular Practice*®**, the official scientific journal of the AACP.
- **Free subscription to *TMDiary***, the official news journal of the Academy.
- **Reduced fees** at AACP symposiums and mid-winter meetings.
- **Your own web page** with your photograph to put your practice on the Internet.
- **AACP lapel pin and membership certificate** suitable for framing.
- **Membership Directory** to facilitate professional networking.
- **Exclusive access to the "Members Only" section of the AACP Website** where you'll find a members-only forum for posting questions and receiving advice, a Current Case Study and Current Clinical Tip, a bibliography of pertinent literature and more.
- **Preferred customer status** with selected vendors serving the TMD community.

Are you interested in membership?

Please fill out the information on the next page. Print legibly and fill in all applicable blanks. Return the completed form with the $150 application fee to the AACP either in person to the representative or by mail *(address listed below)*. Upon receipt of this form, the Central Office will add your name to the Academy's permanent mailing list and deliver your information to our Membership Chairman and Committee. If accepted, you will be recommended for membership and your application will be voted on by the entire Board of Directors. This process usually takes 6 to 10 weeks. You will be notified of the result of the vote as soon as possible. At that time, you will be asked to submit additional data, which may include a photograph, membership directory information and other credentials. You will be billed for annual membership dues in the fall of the year. Membership dues are currently $395/USA, $420/Canada and $440/all other countries.

Dentists enter the Academy at the Member level. Associate level is reserved for all other healthcare professionals. Additional Membership categories include:

- Graduate Student Member
- Military Member
- Academic Member
- Student Member
- Retired/Semi-Retired Member
- Disabled/Hardship Member
- Supporting Member
- Auxiliary Member
- Scientific Member

For more information about AACP, visit our website at www.aacfp.org

AACP Central Office • 1901 N. Roselle Rd., Ste. 920 - Schaumburg, IL 60195-3187
800-322-8651 • 847-885-1272 • Fax: 847-885-8393 • email: central@aacfp.org • www.aacfp.org

MEMBERSHIP APPLICATION

Instructions: **Please print legibly.** Provide all applicable information requested below and attach the $150 application fee. Make check payable to AACP in U.S. dollars drawn on a U.S. bank **OR** submit VISA-MasterCard information on back page. Return to AACP representative or mail to the AACP address on the back of this form.

1. Full Name (including credentials, exactly as it should appear on official correspondence, certificates, etc.):

_____

2. Mailing Address and Contact Information:

	Office	Home
Street Address		
City/State/Zip		
Phone		
Fax		
Email Address		
Website Address		

3. Education:

	Institution	Location	Degree	Date Received
Undergraduate				
Graduate				
Internship				
Residency				
Post-Doctoral				

4. Have you ever been convicted of a felony? ❑ No ❑ Yes (If YES, attach a statement of explanation.)

5. Healthcare profession in which you are licensed to practice: _____

6. State/province/country in which you are licensed to practice: _____

7. Is your practice a specialty or limited practice? *(check one please)* **❑ No ❑ Yes**

If YES, please list your specialty or limitation: _____

8. What percentage of your current practice involves Craniofacial Pain/TMD:_____%

9. How did you hear about AACP or who recommended that you apply for membership?

_____

In making this application to the American Academy of Craniofacial Pain, in accordance with and subject to its Articles of Incorporation, Bylaws and such other governing provisions as, from time to time, are in force, (hereinafter collectively referred to as its regulations), I agree to disqualification, suspension or revocation of membership and to surrender any Certifcate of membership or competency of Fellowship in the event of any misstatement or misrepresentation of a material fact, any material submitted or in the event that any of the aforementioned regulations applicable to said membership or Fellowship Status are violated by me, as deteremined by the American Academy of Craniofacial Pain. I further agree to hold the American Academy of Craniofacial Pain, its officers, examiners, employees and agents, free from any claim, damage or liability by reason of action they or any of them may take in respect of this application, including, but not limited to, the failure of the American Academy of Craniofacial Pain to issue me membership, or the suspension, revocation or making of any demand for the surrender of an issued Certificate of membership or Fellowship Status or the removal of my name from any list of holders of such certificates.

In support of this application, I certify that all of the statements made herein are true, complete and correct to the best of my knowledge and belief and are made in good faith and without any mental reservations.

Applicant's Signature: _____**Date:** _____

I do do not give permission to AACP to contact me via fax, phone, email and/or postal mail. _____ *initial here to give permission.*
(circle one)

continued on back page

Leading the TMD Community

AMERICAN ACADEMY OF CRANIOFACIAL PAIN

1901 N. Roselle Rd., Ste. 920 • Schaumburg, IL 60195
800-322-8651 • 847-885-1272 • Fax: 847-885-8393
email: central@aacfp.org • www.aacfp.org

After completing your application form, please attach the $150 application fee and return to the AACP representative or mail to the address above. Checks may be made payable to the AACP and must be in U.S. dollars drawn on a U.S. bank. If using VISA or MasterCard, please supply information below.

Method of Payment: ❑ **Check** ❑ **VISA** ❑ **MasterCard**		
Credit Card Number:		
Exp. Date:	**3-Digit Security Code** ***(from back of card)*****:**	**Today's Date:**
Name as it appears on card ***(please print)*****:**		
Credit Card Billing Address:		
City/State/Zip:		
Signature:		

Office Use Only: Distributed: _____ Received: _____

Fee: _____ Review Date: _____ By:_____ Accept: Y N

10/2008