

**Annual Membership Dues for 2017**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name**

**Office name**

 **if different from above\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_**

 **Office Phone Cell Phone Fax Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dental School / Date of Graduation Periodontal Program Date/Anticipated Date of Graduation**

**2017 NJSP&ID Dues: $110.00 per year**

\_\_\_\_\_\_ Enclosed is a check for **NJSP&ID 2017 dues** for **$110.00**

**Make Checks Payable to: New Jersey Society of Periodontology & Implant Dentistry**

**Mail to:**

New Jersey Society of Periodontology & Implant Dentistry (NJSP&ID)

**Dr. Jane Ligums - Executive Secretary**

**P.O. Box 34, Gillette, NJ  07933**

**E-mail:** **jligums6@gmail.com**

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**Dr. Nima Mirmadjlessi,**

President- New Jersey Society of Periodontology and Implant Dentistry

**Cell: 201-745-4231 Fax: 732-651-8033 E-mail:** **NMIRM@aol.com**

**Jane Ligums, DMD, FAGD**

**Executive Secretary**

New Jersey Society of Periodontology & Implant Dentistry (NJSP&ID)

Office & Cell: (908) 581-4479 E-mail: jligums6@gmail.com [www.njperio.org](http://www.njperio.org)
P.O. Box 34, Gillette, NJ  07933