



ALBERTA ACADEMY of GENERAL DENTISTRY

2022 AGD Membership Application

Join online at agd.org, or call us at 888.243.3368 or 312.440.4300.

PROMOTIONAL CODE:

REFERRAL INFORMATION

If you were referred to the AGD by a current member, please note his or her information below:

Member's name

City, state/province, or U.S. Federal Services branch

MEMBER INFORMATION

First name _____ MI _____ Last name _____ Designation (e.g. DDS, DMD, BDS) _____ Primary Email address _____

Do you currently hold a valid U.S./Canadian dental license? No Yes: _____
License number _____ State/province _____ Date renewed (mm/yyyy) _____

Type of membership: (Check one.) Active general dentist Associate (dental specialist) Resident Dental student Affiliate

If you are not in general practice, please indicate your specialty: _____

Current dental practice environment: (Check one.) Solo Associateship Group practice Hospital Resident Corporate

Other _____ Full-Time Faculty _____ Federal Services _____
Please indicate institution _____ Please indicate branch _____

CONTACT INFORMATION

Preferred billing/mailling address: Business Home

Your AGD constituent is determined by your business address, unless one is not available.

Business address _____ City _____ State/province _____ ZIP/postal code _____

Name of business (if applicable) _____ Phone _____ Fax _____

Home address _____ City _____ State/province _____ ZIP/postal code _____
Date of Birth _____

Phone _____ Cell phone _____ Alternate email _____

EDUCATIONAL INFORMATION

Are you a graduate of an accredited* U.S./Canadian dental school? Yes No Currently enrolled

Dental school _____ State/province _____ Country _____ Date of graduation (mm/yyyy) _____

Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?

Yes No Currently enrolled Type: AEGD GPR Other

*Official accreditation is given by CODA in the U.S. and CDAC for all Canadian provinces. **Accredited dental residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.

Postdoctoral institution _____ State/province _____ Country _____ Start date (mm/dd/yyyy) _____ End date (mm/dd/yyyy) _____

OPTIONAL INFORMATION

Gender: Male Female Prefer not to disclose

Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

I am interested in participating in the AGD Mentor Match Program as a: Mentor Mentee

2022 AGD

Headquarters Dues

Please check membership type applying for:

- Active General Dentist\$395
- Associate (Specialist).....\$395
- Affiliate.....\$198
- Resident.....\$17
- 2021 Graduate.....\$79
- 2020 Graduate.....\$158
- 2019 Graduate.....\$237
- 2018 Graduate.....\$316
- Dental Student.....\$17

2022 Alberta AGD

Constituent Dues

(In U.S. dollars)

- Active General Dentist.....\$0
- Associate.....\$0
- Affiliate.....\$0
- 2021 Graduate.....\$0
- 2020 Graduate.....\$0
- 2019 Graduate.....\$0
- 2018 Graduate.....\$0
- Student/Resident.....\$0

AGD Headquarters Dues: (See above rates.) \$ _____

AGD Constituent Dues: (See above rates.) \$ _____

Upgrade to Premium Plus Membership* (Add \$130 USD) \$ _____

Total Amount Enclosed: \$ _____

Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full listing of membership benefits.

Dues rates effective through September 30, 2022 Contact the AGD or visit agd.org for updated rates.

I hereby certify that all of the above information is correct, and that by signing this application, I agree to all terms of membership including completion of 75 hours of continuing education every three years for active general dentist and associate members.

Signature

Date

Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at agd.org/membership. If you have any questions, please contact our Membership Services Center at 888.243.3368.

Please sign this application and submit payment to:

ACADEMY OF GENERAL DENTISTRY
PO BOX 4451
CAROL STREAM, IL 60197-4451