| MEMBER INFORMATION | | | | | | |
|--|--|-------------|-------------------------------------|--|--|---|
| First name MI | Last name | | Designation (e.g. DDS, DMD, BDS) | F | Primary Email address | |
| Do you currently hold a valid U.S., | /Canadian dental license? □ | No □ Ye | | | | |
| , | | | License number | Š | State/province | Date renewed (mm/yyyy) |
| Type of membership: (Check one | .) \square Active general dentist | □ Associa | ate (dental specialist) | ☐ Resident | t □ Dental student | ☐ Affiliate |
| If you are not in general practice, | please indicate your specialty: | | | | | |
| Current dental practice environme | ent: (Check one.) □ Solo □ | Associate | eship 🛮 Group pract | ice □ Hosp | oital □ Resident □ | l Corporate |
| □ Other □ □ Full-Time Faculty □ | | | | | Federal Services | |
| | | , – | Please indicate institution | | | Please indicate branch |
| CONTACT INFORMATION | J | | | Preferred b | oilling/mailing addres | s: 🗆 Business 🗆 Home |
| Your AGD constituent is determined by your busin | | | | | 3 3 | |
| | | | | | | |
| Business address | City | | | State/province | ZIP/p | postal code |
| | | | | | | |
| Name of business (If applicable) | | | | Phone | Fax | |
| Warran Library | C'i | | | Contract on the contract of th | 710/ | |
| Home address | City | | | State/province | ZIP/E | postal code |
| Phone Cell pho | ne Alte | rnate email | | Date of Birth | | |
| | | | | | | |
| EDUCATIONAL INFORMA | ATION Are you a grad | uate of ar | n accredited* U.S./Car | nadian denta | al school? □ Yes □ | l No □ Currently enrolled |
| | | | | | | |
| Dental school | State | e/province | | Country | Late of g | graduation (mm/yyyy) |
| Are you a graduate of (or resider | nt in) an accredited** U.S. or C | anadian p | oostdoctoral program | | | the U.S. and CDAC for all Canadian |
| ☐ Yes ☐ No ☐ Currently enrol | led Type: □ AEGD □ GI | PR □ Ot | ther | | **Accredited dental residencies I proof of enrollment must be p | s qualify for the resident membership provided to AGD. |
| | | | | | | |
| Postdoctoral institution | State | e/province | | Country | Start date (n | nm/dd/yyyy) End date (mm/dd/yyyy) |
| | | | | <u> </u> | | |
| OPTIONAL INFORMATION Gender: □ Male □ Female □ | · - | اد معدا عا | | | | de altre te de a ACD Mente. |
| Ethnicity: American Indian [| | | nic Coucasian C | | • | cipating in the AGD Mentor □ Mentor □ Mentee |
| Ethnicity. Li American indian L | Asian D'Anican-American | ш пізра | ilic 🗀 Caucasiaii 🗅 | J Other W | atch Frogram as a. | □ Mentor □ Mentee |
| 2025 AGD Dues | 2025 Alaska AGD | Ì | 1 hanalar aantit staat a | مام ماد کم ال | : | |
| Please check membership type applying for: | Constituent Dues | | | | | rect, and that by signing cluding completion of 75 |
| □ Active General Dentist\$479 | Please check membership type applying for: | | | | | tive general dentist and |
| □ Associate (Specialist)\$479 | ☐ Active General Dentist | \$50 | associate members. | | | _ |
| □ Affiliate\$240 | ☐ Associate (Specialist) | \$50 | | | | |
| □ Resident\$22 □ 2024 Graduate\$96 | ☐ Affiliate | \$0 | | | | |
| ☐ 2024 Graduate | □ Resident | | | | | |
| □ 2023 Graduate\$172 | □ 2024 Graduate | | | | | |
| □ 2021 Graduate | □ 2023 Graduate | | | | | |
| □ Dental Student \$22 | □ 2022 Graduate | | Signature | | | Date |
| Dental stadent | □ 2021 Graduate | | • | | | |
| 4. ACD Door | □ Dental Student | | Note: Check paym | nent is requ | ired with hard copy | / applications. |
| 1. AGD Dues: | | | To pay with credit | card, please | apply online at ag | d.org/membership. |
| Upgrade to Premium Plus Membership* (Add \$199 USD)\$ | | | | | | mbership Services |
| 2. AGD Constituent Dues: \$ 3. AGD Component Dues: \$ | | | Center at 888.243 | | | I |
| | | — | | . 3 2 30. | | |
| Total Amount Enclosed: | | | | | | |
| Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, et Visit www.agd.org/membership and click JOIN TODAY. | njoy membership through the end of 2024 for only \$1 | 00 more. | | | on and submit p | payment to: |
| Student and resident members are not eligible for Premium listing of membership benefits. | ACADEMY OF GE PO BOX 4451 | NERAL DEI | NTISTRY | | | |

CAROL STREAM, IL 60197-4451

Dues rates effective through September 30, 2025. Contact the AGD or visit agd.org for updated rates.

Per the U.S. Revenue Reconciliation Act of 1993, 81 percent of membership dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.