



2023 AGD Membership Application

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

MEMBER INFORMATION

First name	MI	Last name	Designation (e.g. DDS, DMD, BDS)	Primary Email address
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Do you currently hold a valid U.S./Canadian dental license? No Yes: _____

License number	State/province	Date renewed (mm/yyyy)
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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
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Name of business (if applicable)	Phone	Fax
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Home address	City	State/province	ZIP/postal code	Date of Birth	Alternate email
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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)
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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)
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OPTIONAL INFORMATION

Gender: Male Female Prefer not to disclose Not listed
 Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

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

2023 AGD Dues

Please check membership type applying for:

- Active General Dentist\$416
- Associate (Specialist).....\$416
- Affiliate.....\$208
- Resident.....\$21
- 2022 Graduate\$83
- 2021 Graduate\$166
- 2020 Graduate\$250
- 2019 Graduate\$353
- Dental Student.....\$21

2023 Atlantic Provinces AGD Constituent Dues

(In U.S. dollars)

- Active General Dentist\$46
- Associate.....\$46
- Affiliate.....\$0
- 2022 Graduate.....\$0
- 2021 Graduate\$46
- 2020 Graduate\$46
- 2019 Graduate\$46
- Student/Resident\$0

1. AGD Dues:..... \$ _____
 Upgrade to Premium Plus Membership* (Add \$150 USD) \$.....
 2. AGD Constituent Dues:..... \$ _____
 3. AGD Component Dues:..... \$ _____
- 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, 2023 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