



2017 AGD & Arkansas AGD Membership Application

For more information:
Join online at www.agd.org.
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) _____	Date of birth (mm/dd/yyyy) _____
------------------	----------	-----------------	--	----------------------------------

Required for access to the members-only sections of the AGD website

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 _____

Faculty _____ Please indicate institution _____ Federal Services _____ Please indicate branch _____

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. military counterpart Local Canadian constituent

Contact Information

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

Preferred billing/mailling address: Business Home
Preferred method of contact: Email Mail Phone

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

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

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

Phone _____ Primary email _____ Website address _____

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 _____

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

Optional Information

Gender Male Female

Ethnicity American Indian Asian African-American Hispanic Caucasian Other _____

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

*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.

AGD Privacy Information

The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to perform one or more of its functions and activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit www.agd.org or contact the AGD Membership Services Center at 888.243.3368.

2017 AGD Headquarters Dues

Please check membership type applying for:

- Active General Dentist\$386
- Associate (Specialist)\$386
- Affiliate.....\$193
- Resident.....\$77
- 2016 Graduate.....\$77
- 2015 Graduate.....\$154
- 2014 Graduate.....\$231
- 2013 Graduate.....\$308
- Dental Student.....\$17

2017 Arkansas AGD Constituent Dues

- Active General Dentist\$45
- Associate.....\$45
- Affiliate.....\$0
- 2016 Graduate/
Current Resident.....\$10
- 2015 Graduate\$45
- 2014 Graduate\$45
- 2013 Graduate\$45
- Dental Student\$0

AGD Headquarters Dues: (See above rates.) _____

Arkansas Constituent Dues: (See above rates.) _____

Total Amount Enclosed: _____

Individuals joining July 1 to Sept. 30, 2017, pay half the annual headquarters membership dues (does not apply to student, resident, first-year graduate, or affiliate members). Individuals joining Oct. 1 to Dec. 31, 2016, enjoy membership through the end of 2017. Paid dues will be applied to the upcoming year.

Per the U.S. Revenue Reconciliation Act of 1993, 1.2 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.

Dues rates effective through Sept. 30, 2017. Contact the AGD or visit www.agd.org for updated rates.

Payment

- Check (enclosed)
- Visa MasterCard American Express

Note: Payments for Canadian members can only be accepted via Visa, MasterCard, or check.

Expiration date (mm/yyyy) _____ Please print name as it appears on the card.

I hereby certify that all of the above information is correct, and that by signing this application 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 _____

Return this application with your payment to: Academy of General Dentistry, 560 W. Lake St., Sixth Floor, Chicago, IL 60661-6600.

If paying by credit card, fax to 312.335.3443.