

# 2023 AGD Membership Application

Join online at [agd.org](http://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
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Phone	Cell phone	Alternate email	Date of Birth	[ ] [ ]	[ ] [ ]	[ ] [ ]	[ ] [ ]
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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:

- |   |   |
|---|---|
| <input type="checkbox"/> Active General Dentist ..... \$416 | <input type="checkbox"/> Active General Dentist ..... \$0 |
| <input type="checkbox"/> Associate (Specialist) ..... \$416 | <input type="checkbox"/> Associate ..... \$0              |
| <input type="checkbox"/> Affiliate ..... \$208              | <input type="checkbox"/> Affiliate ..... \$0              |
| <input type="checkbox"/> Resident ..... \$21                | <input type="checkbox"/> 2022 Graduate ..... \$0          |
| <input type="checkbox"/> 2022 Graduate ..... \$83           | <input type="checkbox"/> 2021 Graduate ..... \$0          |
| <input type="checkbox"/> 2021 Graduate ..... \$166          | <input type="checkbox"/> 2020 Graduate ..... \$0          |
| <input type="checkbox"/> 2020 Graduate ..... \$250          | <input type="checkbox"/> 2019 Graduate ..... \$0          |
| <input type="checkbox"/> 2019 Graduate ..... \$353          | <input type="checkbox"/> 2019 Graduate ..... \$0          |
| <input type="checkbox"/> Dental Student ..... \$21          | <input type="checkbox"/> Student/Resident ..... \$0       |

### 2023 British Columbia AGD Constituent Dues

(In U.S. dollars)

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](http://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](http://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](http://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