



2021 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? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____			License number _____	Date renewed (mm/yyyy) _____
Type of membership: (Check one.) <input type="checkbox"/> Active general dentist <input type="checkbox"/> Associate (dental specialist) <input type="checkbox"/> Resident <input type="checkbox"/> Dental student <input type="checkbox"/> Affiliate				
If you are not in general practice, please indicate your specialty: _____				
Current dental practice environment: (Check one.) <input type="checkbox"/> Solo <input type="checkbox"/> Associateship <input type="checkbox"/> Group practice <input type="checkbox"/> Hospital <input type="checkbox"/> Resident <input type="checkbox"/> Corporate				
<input type="checkbox"/> Other _____		<input type="checkbox"/> Full Time Faculty _____		<input type="checkbox"/> Federal Services _____
			Please indicate institution _____	Please indicate branch _____

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 _____	Cell _____	Alternative email _____	Date of Birth _____

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

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.

2021 AGD Headquarters Dues

Please check membership type applying for:

- | | |
|---|---|
| <input type="checkbox"/> Active General Dentist \$417 | <input type="checkbox"/> Active General Dentist \$105 |
| <input type="checkbox"/> Associate (Specialist) \$417 | <input type="checkbox"/> Associate \$105 |
| <input type="checkbox"/> Affiliate \$209 | <input type="checkbox"/> Affiliate \$0 |
| <input type="checkbox"/> Resident \$20 | <input type="checkbox"/> 2020 Graduate \$45 |
| <input type="checkbox"/> 2020 Graduate \$84 | <input type="checkbox"/> 2019 Graduate \$105 |
| <input type="checkbox"/> 2019 Graduate \$167 | <input type="checkbox"/> 2018 Graduate \$105 |
| <input type="checkbox"/> 2018 Graduate \$251 | <input type="checkbox"/> 2017 Graduate \$105 |
| <input type="checkbox"/> 2017 Graduate \$334 | <input type="checkbox"/> Student/Resident \$0 |
| <input type="checkbox"/> Dental Student \$20 | |

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

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

Total Amount Enclosed: \$ _____

Individuals joining July 1 to Sept. 30, 2021, 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, 2020, enjoy membership through the end of 2021. 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, 2021. 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/join-agd. 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
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600