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.

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

MEMBER INFORMATION	N .			
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? ☐ No ☐	Yes:License number	State/province Date renewed (mm/yyyy)	
Type of membership: (Check one	e.) 🗆 Active general dentist 🗆 Assoc	iate (dental specialist) 🛭 Res	sident 🗆 Dental student 🗆 Affiliate	
If you are not in general practice	, please indicate your specialty:			
Current dental practice environn	nent: (Check one.) □ Solo □ Associa	teship □ Group practice □	Hospital □ Resident □ Corporate	
□ Other	□ Full-Time Faculty		☐ Federal Services	
		Please indicate institution	Please indicate branch	
CONTACT INFORMATIO	N	Prefer	rred billing/mailing address: 🗆 Business 🗆 Home	
Your AGD constituent is determined by your business.	iness address, unless one is not available.			
Business address	City	State/pr	ovince ZIP/postal code	
Name of business (If applicable)		Phone	Fax	
Name of Business (if applicable)		Thone	100	
Home address	City	State/pr	ovince ZIP/postal code	
Phone Cell ph	one Alternate email	Date of	Birth	
EDUCATIONAL INFORM	ATION	li. Ituo (o. II		
EDUCATIONAL INFORM	Are you a graduate of a	an accredited* U.S./Canadian	dental school? Yes No Currently enrolled	
Dental school	State/province	Country		
☐ Yes ☐ No ☐ Currently enro	nt in) an accredited** U.S. or Canadian Illed Type: □ AEGD □ GPR □ C	Other pro	ficial accreditation is given by CODA in the U.S. and CDAC for all Canadian vinces. **Accredited dental residencies qualify for the resident membership . Official proof of enrollment must be provided to AGD.	
		1860	. Similar proc. of children mast be provided to res.	
Postdoctoral institution	State/province	Country	Start date (mm/dd/yyyy) End date (mm/dd/yyyy)	
OPTIONAL INFORMATIC	DN .			
Gender: ☐ Male ☐ Female	☐ Prefer not to disclose ☐ Not listed		I am interested in participating in the AGD Mento	
Ethnicity: 🗆 American Indian	□ Asian □ African-American □ Hisp	anic 🗆 Caucasian 🗆 Other	Match Program as a: ☐ Mentor ☐ Mentee	
2025 AGD Dues	2025 Delaware AGD	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		
Please check membership type applying for:	Constituent Dues	hours of continuing education every three years for active general dentist and		
□ Active General Dentist\$47		associate members.	, ,	
☐ Associate (Specialist)\$47 ☐ Affiliate\$24				
□ Resident\$24	2 ☐ Affiliate\$0			
□ 2024 Graduate	∠ ⊔ 2024 Graduate\$0			
□ 2023 Graduate\$19	2023 Graduate			
□ 2022 Graduate\$28	2			
□ 2021 Graduate\$38	3 □ Student/Posident \$0	Signature	Date	
□ Dental Student\$2	2	l		
			required with hard copy applications.	
1 AGD Dugg:		To pay with credit card, p	To pay with credit card, please apply online at agd.org/membership.	
1. AGD Dues:		If you have any question	s, please contact our Membership Services	
Upgrade to Premium Plus Membership* (Add \$199 USD)\$		Center at 888.243.3368.		
•	\$			
	\$	Please sign this appl	ication and submit payment to:	
Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more. Visit www.agd.org/membership and click JOIN TODAY.		ACADEMY OF GENERAL DENTISTRY		
Student and resident members are not eligible for Premiulisting of membership benefits.	m Plus Membership. Head to agd.org/membership to review a full	PO BOX 4451 CAROL STREAM, IL 60197-4451		