



2016 AGD & Florida AGD Membership Application

For more information: Join online at www.agd.org. Call us at 888.243.3368 or 312.440.4300.

Promotional of	code:
	ormation rred to the AGD by a current e note his or her information below:
Member's name	

City, state/province, or U.S. Federal Services branch

Member Information	า							
First name	MI	Last na	me	Designation (e.g. DDS, DMD, BDS)	Date of birth (r Required for acce	nm/dd/yyyy) ess to the members-	only sections	of the AGD websit
Do you currently hold a valid U.S	./Canadian dental license? 🗖 No	□ Yes:						
,			number		ate/province	Date renew	ed (mm/yyy	y)
Type of membership: (Check one	e.) 🗖 Active general dentist 🗖 A	ssociate (dental sp	ecialist) 🗖 Resi	dent 🗖 Dental student 🗖 .	Affiliate			
If you are not in general practice,	please indicate your specialty: _							
Current dental practice environm	ent: (Check one.) 🗆 Solo 🚨 Ass	ociateship 🗖 Gro	up practice 🗖 I	Hospital 🗖 Resident 🗖 Cor	rporate 🗖 Other_			_
☐ FacultyPlease indicate instit	ution		☐ Federal Ser	vices Please indicate bran	ch			
If you are a member of the Canad		e indicate your pre	ferred constitue	nt: 🗖 U.S. military counterpa	art 🔲 Local Canad	lian constituent		
Contact Information Your AGD constituent is determined	by your business address, unless o	ne is not available.		Preferred billing/mailing a Preferred method of conta				
Business address		City		State/province		ZIP/postal co	ode	
Name of business (If applicable)				Phone		Fax		
Home address		City		State/province		ZIP/postal co	ode	
Phone		Primary	email	Website addres	SS			
Dental school		State/pro	ovince	Country		Date of gradua	. , , ,	/yy)
Are you a graduate of (or residen	tinj an accredited 0.3. of Care							ata (mm/dd/mm
Postdoctoral institution		State/pro	ovince	Country	Start da	te (mm/dd/yyyy)	End da	ate (mm/dd/yyyy
Optional Information Gender Male Female Ethnicity American Indian I am interested in participating	Asian 🛘 African-American 🗖	•		*Official accreditation is given by CODA in the U.S. and CDAC for all Canadian provinces. **Accredited dental residencies qualifies for the resident membership rate. Official proof of enrollment must be provided to AGD.	to the handling of you information unless it activities. On occasion consent or when req	nation s and procedures in plac sur personal information is necessary to perform n, the AGD may collect uired to by law. For more Membership Services Cer	. The AGD does one or more of it personal information, ple	not collect personal ts functions and ation, but only with you ease visit www.agd.org
2016 AGD Headquarters Du Please check membership type applyii Active General Dentist	Active General Dentist/Associ 2015 Graduate-Current Resic 2014 Graduate 2015 Graduate 2015 Graduate 2016 Graduate 2016 Graduate 2017 Graduate 2016 Florida AGD Com 2016 Florida AGD Com 2016 Florida AGD Com 2016 Florida AGD Com 2017 Central Florida 2016 Florida 2	ate	Expiration dat I hereby certi agree to all te	nclosed) MasterCard	at name as it app	ears on the card rect, and that b n of 75 hours of	y signing t	g education
2015, enjoy membership through the end	ot 2016. Paid dues will be applied to the up	ocoming year.	Signature				D	ate

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.

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, 2016. Contact the AGD or visit www.agd.org for updated rates.