

## **MEMBER INFORMATION**

First name MI	Last source	Designation	Duinnan Franil address		
	<sup>Last name</sup> /Canadian dental license? □No □`	Designation (e.g. DDS, DMD, BDS)	Primary Email address		
		License number	State/province	Date renewed (mm/yyyy)	
Type of membership: (Check one	.) □ Active general dentist □ Assoc	iate (dental specialist)	□ Resident □ Dental student □	□ Affiliate	
If you are not in general practice,	please indicate your specialty:				
Current dental practice environme	ent: (Check one.) 🛛 Solo 🖾 Associa	teship 🛛 Group practic	:e □Hospital □Resident □C	Corporate	
□ Other	D Full-Time Faculty	Please indicate institution	□ Federal Services	Please indicate branch	
CONTACT INFORMATION	4		Preferred billing/mailing address:	🗆 Business 🗆 Home	
Your AGD constituent is determined by your busine	ess address, unless one is not available.				
Business address	City		State/province ZIP/pos	stal code	
Name of business (If applicable)		I	Phone Fax		
Home address	City		State/province ZIP/pos	stal code	
Phone Cell pho	ne Alternate email		Date of Birth		
EDUCATIONAL INFORMA	ATION Are you a graduate of a	an accredited* U.S./Cana	adian dental school? 🛛 Yes 🗆 N	No 🛛 Currently enrolled	
Dental school	State/province		, ÷	iduation (mm/yyyy)	
Are you a graduate of (or residen Yes	nt in) an accredited** U.S. or Canadian led Type: 🗆 AEGD 🗆 GPR 🗆 C		*Official accreditation is given by CODA in th provinces. **Accredited dental residencies qu rate. Official proof of enrollment must be pro	ualify for the resident membership	
Postdoctoral institution	State/province		Country Start date (mm	n/dd/yyyy) End date (mm/dd/yyyy)	
OPTIONAL INFORMATIO	N				
Gender: □ Male □ Female □			I am interested in partici	pating in the AGD Mentor	
Ethnicity: 🗆 American Indian 🛛	🛛 Asian 🛛 African-American 🗌 Hisp	anic 🗆 Caucasian 🗆 (		•	
2025 AGD Dues	2025 Georgia AGD	I hereby certify that all	l of the above information is corre	ct, and that by signing	
Please check membership type applying for:	Constituent Dues	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.			
□ Active General Dentist\$479 □ Associate (Specialist)\$479	□ Active General Dentist\$95				
□ Affiliate\$240	□ Associate\$95 □ Affiliate\$0				
□ Resident\$22 □ 2024 Graduate\$96	□ 2024 Graduate\$25				
□ 2023 Graduate	□ 2023 Graduate \$95				
□ 2022 Graduate\$288	□ 2022 Graduate				
□ 2021 Graduate\$383	□ Student/Resident \$0			5.	
Dental Student \$22		Signature		Date	
	<b>^</b>		ent is required with hard copy a		
	\$ v* (Add \$199 USD)\$		ard, please apply online at agd.		
	* (Add \$199 USD) \$ \$		stions, please contact our Mem	nbership Services	
3. AGD Component Dues:		Center at 888.243.3	3368.		
	\$				
	njoy membership through the end of 2024 for only \$100 more.	-	application and submit pa	yment to:	
Visit www.agd.org/membership and click JOIN TODAY. Student and resident members are not eligible for Premium	n Plus Membership. Head to agd.org/membership to review a full		ACADEMY OF GENERAL DENTISTRY		
listing of membership benefits.		PO BOX 4451	PO BOX 4451		
	t of membership dues payment is allocable to the AGD's lobby- Please consult with your financial adviser for detailed information.	CAROL STREAM, IL	60197-4451		
Dues rates effective through September 30, 2025. Contact t	the AGD or visit agd.org for updated rates.				