



2025 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? No Yes: License number _____ State/province _____ Date renewed (mm/yyyy) _____

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 _____

Name of business (if applicable) _____ Phone _____ Fax _____

Home address _____ City _____ State/province _____ ZIP/postal code _____

Phone _____ Cell phone _____ Alternate email _____

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 Not listed

Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

DUES INFORMATION

Please check membership type applying for to determine Headquarter dues:

	U.S./ International	Canada/Puerto Rico (in U.S. dollars)
<input type="checkbox"/> Active General Dentist	\$479	\$454
<input type="checkbox"/> Associate	479	454
<input type="checkbox"/> Affiliate	240	227
<input type="checkbox"/> Resident	22	22
<input type="checkbox"/> 2024 Graduate	96	91
<input type="checkbox"/> 2023 Graduate	192	182
<input type="checkbox"/> 2022 Graduate	288	273
<input type="checkbox"/> 2021 Graduate	383	363
<input type="checkbox"/> Dental Student	22	22

1. AGD Dues: _____ \$ _____

Upgrade to Premium Plus Membership* (Add \$199 USD) \$ _____

2. AGD Constituent Dues: _____ \$ _____

3. AGD Component Dues: _____ \$ _____

Please refer to back side for constituent and component dues.

Total Amount Enclosed: _____ \$ _____

Dues rates effective through September 30, 2025

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. 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

1 Find the membership category and corresponding dues amount that applies to you.

Active General Dentist

Dentists who graduated from an accredited GPR or AEGD in the U.S. or Canada, or who hold a license to practice dentistry in any state or territory in the U.S. or province of Canada. International dentists (residing outside of the U.S. and Canada) who are licensed to practice in their country of residence are also eligible.

Resident

Dentists currently enrolled in an accredited advanced dental education program in the U.S. or Canada. Other types of programs (e.g., postdoctoral, masters) do not qualify for the residency discount. Proof of residency enrollment needs to be provided to the AGD on official program letterhead.

Premium Plus

Premium Plus is designed for the practice owner, members seeking great value on CE opportunities, or members in the process of acquiring Fellowship or Mastership with AGD.

Student and Resident members are not eligible to upgrade to premium plus. For more information, visit [agd.org/membership](https://www.agd.org/membership).

READ THE FINE PRINT

Dues Information

Individuals joining July 1 to Sept. 30, 2025, pay half the annual headquarters membership dues. Half-year dues do not apply to student, resident, first-year graduate, or affiliate member types, or to constituent/component dues.

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.

U.S. Tax Information

The U.S. Revenue Reconciliation Act of 1993 requires the AGD to notify you that a portion of your membership dues payment (.81 percent) is not deductible as a business expense because it is allocable to lobbying activities of the organization. For more detailed information, please check with your accountant or tax advisor.

AGD Organizational Information

The AGD adheres to and abides by the American Dental Association's (ADA) Code of Ethics. The AGD advocates membership in all aspects of organized dentistry and encourages its members to join the ADA, NDA, or CDA, and other dental organizations.

2 Find your constituent and corresponding dues amount.

AGD constituent and component dues are determined by practice, dental school, residency location, or branch of the U.S. federal services. If none of these applies to you, your constituent will be determined by your home address. Constituent and component dues support local AGD activities and are required.

	Regular	First-Year Dental School Grad		Regular	First-Year Dental School Grad			
U.S. Federal Services:								
U.S. Air Force	\$15	\$15	North Dakota	\$24	\$0			
U.S. Army	30	30	Ohio	45	45			
U.S. Navy	20	0	Oklahoma	30	30			
U.S. Public Health	20	20	Oregon	220	5			
Veterans Administration	14	14	Pennsylvania	184	37			
United States:								
Alabama	120	55	Puerto Rico	15	0			
Alaska**	50	35	Rhode Island	35	25			
Arizona	45	45	South Carolina	95	20			
Arkansas**	45	0	South Dakota	50	15			
California	200	16	Tennessee**	110	0			
<i>Component</i>			Texas**	276	107			
<i>Southern California</i>	10		<i>Component</i>					
Colorado	45	15	<i>Brazos Valley</i>	40				
Connecticut	25	25	<i>Greater Austin (Formerly Central Texas)</i>	50				
Delaware	41	0	<i>Dallas</i>	50				
District of Columbia**	95	55	<i>Rio Grande Valley</i>	40				
Florida	95	20	<i>El Paso</i>	10				
<i>Component</i>			<i>Fort Worth</i>	49				
<i>Central</i>	45		<i>Houston</i>	53				
<i>Gold Coast</i>	30		<i>San Antonio</i>	55				
<i>Northeast</i>	15		<i>South Texas</i>	35				
<i>Northwest</i>	5		<i>West Texas</i>	40				
<i>Southeast</i>	10		Utah	45	25			
<i>Tampa</i>	40		Vermont	35	0			
Georgia	95	25	Virginia	75	34			
Hawaii	40	40	Washington	200	0			
Idaho**	75	50	West Virginia	25	0			
Illinois	110	0	Wisconsin	50	0			
Indiana	60	15	Wyoming	15	15			
Iowa	105	10	Canada (in U.S. dollars):					
Kansas	55	8	Alberta	0	0			
Kentucky	49	10	Atlantic Provinces	46	0			
Louisiana	48	10	<i>New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island</i>					
Maine	30	25	British Columbia	0	0			
Maryland	85	25	Ontario	50	0			
Massachusetts	36	11	Quebec	50	0			
Michigan	50	25	International 0 0					
Minnesota	95	25	Unorganized (no local constituent):					
Mississippi**	30	20	Canal Zone	0	0			
Missouri	50	5	Civil Service	0	0			
Montana	85	75	Manitoba	0	0			
Nebraska	105	15	Northwest Territories	0	0			
Nevada**	40	25	Peace Corps	0	0			
New Hampshire	35	25	Saskatchewan	0	0			
New Jersey**	110	20	Virgin Islands	0	0			
New Mexico	55	25						
New York**	125	25						
North Carolina	120	21						

**This constituent offers additional membership dues discounts for recent graduates. 2021 - 2023 dental school graduates, visit <https://www.agd.org/dues-calculator> for more information. For information on AGD component locations in California, Indiana, Florida, and Texas, please contact the AGD Membership Services Center at 888.243.3368 or 312.440.4300.

AGD Privacy Information

The AGD knows that you value your privacy, and we appreciate your trust. The AGD treats the handling of your personal information very seriously. To that end, the AGD has systems and procedures in place to protect your privacy when handling your personal information.

The AGD does not collect personal information unless it is necessary for the AGD to perform one or more of its functions and activities. On occasion, some of this personal information may be sensitive, and the AGD will only collect it with your consent or when required to by law.

In accordance with the Canadian Personal Information and Electronic Documents Act (PIPEDA), the AGD does not share personal information other than name, preferred address, and phone number for commercial purposes.

To remove yourself from any third-party mailing lists, contact the AGD Membership Services Center at 888.243.3368 or 312.440.4300.