MEMBER INFORM	MATION						
First name	MI	Last name		Designation (e.g. DDS, DMD, BDS)		Primary Email address	
Do you currently hold a	valid U.S./	'Canadian dental li	icense? □ No □			State/province	Date renewed (mm/yyyy)
Type of membership: (0	Check one.) 🛘 Active gener	al dentist 🛮 Asso	ciate (dental specialist)	□ Reside	ent 🗆 Dental student	☐ Affiliate
If you are not in genera	practice, _l	olease indicate you	ur specialty:				
Current dental practice	environme	ent: (Check one.)	□ Solo □ Associ	ateship 🛮 Group pract	ice 🗆 Ho	spital 🗆 Resident 🛭	☐ Corporate
□ Other			☐ Full-Time Faculty	/Please indicate institution		□ Federal Services	Please indicate branch
CONTACT INFOR	_				Preferred	l billing/mailing addre	ss: 🗆 Business 🗆 Home
Your AGD constituent is determined	d by your busine	ess address, unless one is no	ot available.				
Business address	iness address		City		State/provinc	e ZIP/	/postal code
Name of business (If applicable)					Phone	Fax	
Home address			City		State/provinc	e ZIP/	/postal code
Phone	Cell phone Alternate ema			1	Date of Birth		
Dental school Are you a graduate of (or resident in) an accredited** U.S. or Canadiar ☐ Yes ☐ No ☐ Currently enrolled Type: ☐ AEGD ☐ GPR ☐ G			n postdoctoral program	province	accreditation is given by CODA i	graduation (mm/yyyy) In the U.S. and CDAC for all Canadian as qualify for the resident membership provided to AGD.	
Postdoctoral institution			State/province		Country	Start date (mm/dd/yyyy) End date (mm/dd/yyyy)
OPTIONAL INFOR	MATIO	N					
Gender: ☐ Male ☐ F	emale 🗆	Prefer not to discl	lose □ Not listed			I am interested in part	icipating in the AGD Mentor
Ethnicity: American	Indian [] Asian □ African	-American 🗆 His	panic □ Caucasian □	Other	Match Program as a:	☐ Mentor ☐ Mentee
2025 AGD Dues		2025 Iowa A	GD	I hereby certify that a	all of the al	nove information is co	rrect, and that by signing
Please check membership type applyi Active General Dentist Associate (Specialist) Affiliate Resident 2024 Graduate 2023 Graduate 2022 Graduate	\$479 \$479 \$240 \$22 \$96 \$192 \$288	☐ Associate ☐ Affiliate ☐ 2024 Graduate ☐ 2023 Graduate ☐ 2022 Graduate	Dues ntist	this application, I agi	ree to all te	erms of membership in	icluding completion of 75 ctive general dentist and
□ 2021 Graduate □ Dental Student		□ Student/Resident	\$0	Signature			Date
1. AGD Dues:			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.				
Individuals joining for 2025 from Oct. 1 to Visit www.agd.org/membership and click Student and resident members are not eli listing of membership benefits.	Dec. 31, 2024, en JOIN TODAY.	joy membership through the en	d of 2024 for only \$100 more.	Please sign this ACADEMY OF GE PO BOX 4451		tion and submit p ENTISTRY	payment to:

CAROL STREAM, IL 60197-4451

 $Per the \ U.S. \ Revenue \ Reconciliation \ Act of 1993, 81 percent of membership dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.$ Dues rates effective through September 30, 2025. Contact the AGD or visit agd.org for updated rates.