| MEMBER INFORM | ATION | | | | | | |
|--|--|----------------------------------|--|--|----------------------------------|--|--|
| 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 | cense? □ No □ | | | State/province | Date renewed (mm/yyyy) |
| Type of membership: (C | heck one. |) 🗆 Active gener | al dentist 🛮 Asso | ciate (dental specialist) | □ Reside | ent 🗆 Dental student | ☐ Affiliate |
| If you are not in general | practice, p | olease indicate you | ur specialty: | | | | |
| Current dental practice | environme | nt: (Check one.) | □ Solo □ Associa | ateship 🛮 Group pract | ice 🗆 Ho | spital 🗆 Resident [| ☐ Corporate |
| □ Other | | | ☐ Full-Time Faculty | Please indicate institution | | □ Federal Services | Please indicate branch |
| CONTACT INFORM | | | | | Preferred | l billing/mailing addre | ss: 🗆 Business 🗆 Home |
| Your AGD constituent is determined | by your busine | ss address, unless one is no | ot avallable. | | | | |
| Business address | | | City | | State/provinc | ce ZIP. | /postal code |
| Name of business (If applicable) | | | | | Phone | Fax | |
| Home address | | | City | | State/provinc | ce 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 Its 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 | MATION | J | | | | | |
| Gender: □ Male □ F | emale 🗆 | Prefer not to discl | ose 🗆 Not listed | | | I am interested in part | icipating in the AGD Mentor |
| Ethnicity: \square American | Indian □ | l Asian □ African | -American 🗆 Hisp | oanic □ Caucasian □ | l Other | Match Program as a: | ☐ Mentor ☐ Mentee |
| 2025 AGD Dues Please check membership type applyin | g for: | 2025 Illinois Constituent I | | | | | rrect, and that by signing acluding completion of 75 |
| □ Active General Dentist □ Associate (Specialist) □ Affiliate □ Resident □ 2024 Graduate □ 2023 Graduate □ 2022 Graduate | \$479 \$240 \$22 \$96 \$192 \$288 | ☐ Active General Der ☐ Associate | ntist\$110 \$110 \$0 \$0 \$110 \$110 \$110 | | | | ctive general dentist and |
| □ 2021 Graduate □ Dental Student | | | \$0 | Signature | | | Date |
| 1. AGD Dues: \$ Upgrade to Premium Plus Membership* (Add \$199 USD) \$ 2. AGD Constituent Dues: \$ 3. AGD Component Dues: \$ Total Amount Enclosed: \$ | | | 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. | | | | |
| Total Amount Enclosed: Individuals joining for 2025 from Oct. 1 to l Visit www.agd.org/membership and click J Student and resident members are not elig listing of membership benefits. | Dec. 31, 2024, en OIN TODAY. | oy membership through the end | d of 2024 for only \$100 more. | Please sign this ACADEMY OF GE PO BOX 4451 | | tion and submit ENTISTRY | payment to: |

CAROL STREAM, IL 60197-4451

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

 $Per the \ U.S. \ Revenue \ Reconciliation \ Act of 1993, 81 percent of membership dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.$