



2025 AGD Membership Application

Join online at agd.org, or call us at 888.243.3368 or 312.440.4300.

MEMBER INFORMATION

Form fields for member information including First name, MI, Last name, Designation, Primary Email address, License number, State/province, Date renewed, Type of membership, and Current dental practice environment.

CONTACT INFORMATION

Preferred billing/mailling address: [] Business [] Home

Your AGD constituent is determined by your business address, unless one is not available.

Form fields for contact information including Business address, City, State/province, ZIP/postal code, Name of business, Phone, Fax, Home address, and Alternate email.

EDUCATIONAL INFORMATION

Are you a graduate of an accredited* U.S./Canadian dental school? [] Yes [] No [] Currently enrolled

Form fields for educational information including Dental school, State/province, Country, and Date of graduation.

Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program? [] Yes [] No [] Currently enrolled

*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.

Form fields for postdoctoral institution including Postdoctoral institution, State/province, Country, Start date, and End date.

OPTIONAL INFORMATION

Gender: [] Male [] Female [] Prefer not to disclose [] Not listed
Ethnicity: [] American Indian [] Asian [] African-American [] Hispanic [] Caucasian [] Other

I am interested in participating in the AGD Mentor Match Program as a: [] Mentor [] Mentee

2025 AGD Dues

Please check membership type applying for:

- List of membership options and dues: Active General Dentist (\$479), Associate (\$479), Affiliate (\$240), Resident (\$22), 2024 Graduate (\$96), 2023 Graduate (\$192), 2022 Graduate (\$288), 2021 Graduate (\$383), Dental Student (\$22)

2025 Maryland AGD Constituent Dues

- List of constituent dues: Active General Dentist (\$85), Associate (\$85), Affiliate (\$0), 2024 Graduate (\$25), 2023 Graduate (\$85), 2022 Graduate (\$85), 2021 Graduate (\$85), Student/Resident (\$0)

Summary of dues: 1. AGD Dues: \$, Upgrade to Premium Plus Membership* (Add \$199 USD) \$, 2. AGD Constituent Dues: \$, 3. AGD Component Dues: \$, Total Amount Enclosed: \$

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

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. Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full listing of membership benefits. 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.