



2017 AGD & Minnesota AGD Membership Application

For more information: Join online at www.agd.org. 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

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Member Information						
First name	MI L	ast name	Designation	Date of birth (mm/dd/yyyy)		
			(e.g. DDS, DMD, BDS)	Required for access to the members-only sections of the AGD web.		
Do you currently hold a valid U.S./Car		License number	Sta	ate/province Date renewed (mm/yyyy)		
Type of membership: (Check one.) □	Active general dentist 🗖 Associate (de			, ,,,,,,		
If you are not in general practice, plea	se indicate your specialty:		_			
, , ,	(Check one.) □ Solo □ Associateship		– I Hospital □ Resident □ Cor	porate 🗖 Other		
☐ Faculty		□ Federal Services				
Please indicate institution			Please indicate branch			
If you are a member of the Canadian F	Forces Dental Service, please indicate yo	our preferred constitu	ent: 🗖 U.S. military counterpa	rt 🔲 Local Canadian constituent		
Contact Information Your AGD constituent is determined by you	our business address, unless one is not ava	ilable.		nddress: □ Business □ Home act: □ Email □ Mail □ Phone		
Business address	C	ity	State/province	ZIP/postal code		
Name of business (If applicable)			Phone	Fax		
Home address	C	ity	State/province	ZIP/postal code		
Phone	P	rimary email	Website addres	S		
Educational Information	_					
Educational Information	Are you a graduate of an ac	credited* U.S./Canad	dian dental school? ☐ Yes ☐	No Currently enrolled		
Dental school		ate/province	Country	Date of graduation (mm/yyyy)		
Are you a graduate of (or resident in) a	an accredited** U.S. or Canadian postd	octorai program? 🗖 Y	es I No I Currently enroll	ed Type: d AEGD d GPR d Other		
Postdoctoral institution	St	ate/province	Country	Start date (mm/dd/yyyy) End date (mm/dd/yy		
Optional Information			*Official accreditation is given by	AGD Privacy Information		
Gender □ Male □ Female			CODA in the U.S. and CDAC for all Canadian provinces.	The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to perform one or more of its functions and		
•	☐ African-American ☐ Hispanic ☐		ior the resident membership rate.	activities. On occasion, the AGD may collect personal information, but only with y consent or when required to by law. For more information, please visit www.aqd.		
I am interested in participating in th	e AGD Mentor Program as a: 🛭 Mei	ntor u Mentee	Official proof of enrollment must be provided to AGD.	or contact the AGD Membership Services Center at 888.243.3368.		
2017 AGD	2017 Minnesota AGD	Paymen	at .			
Headquarters Dues	Constituent Dues					
Please check membership type applying for: ☐ Active General Dentist\$386	Active General Dentist\$115	□ Check (e		can Express		
☐ Associate (Specialist)\$386	Active General Dentist\$113 Associate\$115	1		ran Express lly be accepted via Visa, MasterCard, or check.		
□ Affiliate\$193 □ Resident\$77	Affiliate\$0 2016 Graduate/					
□ 2016 Graduate\$77	Current Resident\$25					
□ 2015 Graduate\$154 □ 2014 Graduate\$231	2015 Graduate\$115					
□ 2013 Graduate\$308	2014 Graduate\$115 2013 Graduate\$115	,				
☐ Dental Student\$17	Dental Student\$0	/_	oto () Diagon prim	t wares as it among on the soul		
		1 '		t name as it appears on the card.		
AGD Headquarters Dues: (See abov	e rates.)	agree to all	terms of membership inclu	formation is correct, and that by signing this application Iding completion of 75 hours of continuing education		
Minnesota Constituent Dues: (See a	bove rates.)	every three	years for active general de	ntist and associate members.		
Total Amount Enclosed:	······	_				
Individuals joining July 1 to Sept. 30, 2017, pay ha apply to student, resident. first-year graduate. or a	alf the annual headquarters membership dues (does ffiliate members). Individuals joining Oct. 1 to Dec.	not 31,				
2016, enjoy membership through the end of 2017	7. Paid dues will be applied to the upcoming year.	Signature		Date		

Return this application with your payment to: Academy of General Dentistry, 560 W. Lake St., Sixth Floor, Chicago, IL 60661-6600.

If paying by credit card, fax to 312.335.3443.

Per the U.S. Revenue Reconciliation Act of 1993, 1.2 percent of membership dues payment is allocable to the ACD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information. Dues rates effective through Sept. 30, 2017. Contact the AGD or visit www.agd.org for updated rates.