



# MONTANA ACADEMY of GENERAL DENTISTRY

## 2018 AGD Membership Application

Join online at [agd.org](http://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)	Date of birth (mm/dd/yyyy) <i>Required for access to the members-only sections of the AGD website</i>		
Do you currently hold a valid U.S./Canadian dental license? <input type="checkbox"/> No <input type="checkbox"/> 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 _____		Faculty _____			Federal Services _____	
		Please indicate institution			Please indicate branch	
If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: U.S. military counterpart    Local Canadian constituent						

### CONTACT INFORMATION

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

Preferred billing/mailling address:    Business    Home  
Preferred method of contact:    Email    Mail    Phone

Business address	City	State/province	ZIP/postal code
Name of business (if applicable)	Phone	Fax	
Home address	City	State/province	ZIP/postal code
Phone	Primary email	Website address	

### 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
Postdoctoral institution	State/province	Country	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)

\*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.

### OPTIONAL INFORMATION

Gender:    Male    Female

Ethnicity:    American Indian    Asian    African-American    Hispanic    Caucasian    Other

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

#### AGD Privacy Information

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 activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit [www.agd.org](http://www.agd.org) or contact the AGD Membership Services Center at 888.243.3368.

### 2018 AGD Headquarters Dues

Please check membership type applying for:

Active General Dentist.....	\$392
Associate (Specialist).....	\$392
Affiliate.....	\$196
Resident.....	\$78
2017 Graduate.....	\$78
2016 Graduate.....	\$156
2015 Graduate.....	\$236
2014 Graduate.....	\$314
Dental Student.....	\$20

### 2018 Montana AGD Constituent Dues

Active General Dentist.....	\$75
Associate.....	\$75
Affiliate.....	\$0
2017 Graduate/Current Resident.....	\$75
2016 Graduate.....	\$75
2015 Graduate.....	\$75
2014 Graduate.....	\$75
Dental Student.....	\$0

AGD Headquarters Dues: (See above rates.) ..... \$ \_\_\_\_\_

Montana AGD Constituent Dues: (See above rates.) ..... \$ \_\_\_\_\_

**Total Amount Enclosed:** ..... \$ \_\_\_\_\_

### PAYMENT

Check (enclosed)  
 Visa     MasterCard     American Express

Note: Payments for Canadian members can only be accepted via Visa, MasterCard, or check.

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Expiration date (mm/yyyy)										Please print name as it appears on the card.									

I hereby certify that all of the above information is correct, and that by signing this application agree to all terms of membership including completion of 75 hours of continuing education every three years for active general dentist and associate members.

Individuals joining July 1 to Sept. 30, 2018, pay half the annual headquarters membership dues (does not apply to student, resident, first-year graduate, or affiliate members). Individuals joining Oct. 1 to Dec. 31, 2017, enjoy membership through the end of 2018. Paid dues will be applied to the upcoming year.

Per the U.S. Revenue Reconciliation Act of 1993, 1.2 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 Sept. 30, 2018. Contact the AGD or visit [agd.org](http://agd.org) for updated rates.

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.