NORTH DAKOTA ACADEMY of GENERAL DENTISTRY

2025 AGD Membership Application

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

MEMBER INFORMATION

First name | MI | Last name | Designation (e.g. DDS, DMD, BDS) | Primary Email address

Do you currently hold a valid U.S./Canadian dental license? ☐ No ☐ 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 _____ ☐ Full-Time Faculty _____ (Please indicate institution) ☐ Federal Services _____ (Please indicate branch)

CONTACT INFORMATION

Preferred billing/mailing address: ☐ Business ☐ Home

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

Business address | City | State/province | ZIP/postal code

Name of business (If applicable) | Phone | Fax

Home address | City | State/province | ZIP/postal code

Phone | Cell phone | Alternate email | Date of Birth ☐☐ ☐☐ ☐☐☐☐

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

**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.*

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

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:

☐ Active General Dentist	$479
☐ Associate (Specialist)	$479
☐ Affiliate	$240
☐ Resident	$22
☐ 2024 Graduate	$96
☐ 2023 Graduate	$192
☐ 2022 Graduate	$288
☐ 2021 Graduate	$383
☐ Dental Student	$22

2025 North Dakota AGD Constituent Dues

☐ Active General Dentist	$24
☐ Associate	$24
☐ Affiliate	$0
☐ Resident	$0
☐ 2024 Graduate	$0
☐ 2023 Graduate	$24
☐ 2022 Graduate	$24
☐ 2021 Graduate	$24
☐ Dental Student	$0

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

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.

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