



NEW HAMPSHIRE ACADEMY of GENERAL DENTISTRY

2020 AGD Membership Application

Join online at 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) _____ 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 _____ 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 _____ Alternative 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

Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

I am interested in participating in the AGD Mentor Match 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 or contact the AGD Membership Services Center at 888.243.3368.

2020 AGD

Headquarters Dues

Please check membership type applying for:

- | | | | |
|---|-------|---|------|
| <input type="checkbox"/> Active General Dentist | \$406 | <input type="checkbox"/> Active General Dentist | \$20 |
| <input type="checkbox"/> Associate (Specialist) | \$406 | <input type="checkbox"/> Associate | \$20 |
| <input type="checkbox"/> Affiliate | \$203 | <input type="checkbox"/> Affiliate | \$0 |
| <input type="checkbox"/> Resident | \$81 | <input type="checkbox"/> 2019 Graduate/Current Resident | \$20 |
| <input type="checkbox"/> 2019 Graduate | \$81 | <input type="checkbox"/> 2018 Graduate | \$20 |
| <input type="checkbox"/> 2018 Graduate | \$162 | <input type="checkbox"/> 2017 Graduate | \$20 |
| <input type="checkbox"/> 2017 Graduate | \$244 | <input type="checkbox"/> 2016 Graduate | \$20 |
| <input type="checkbox"/> 2016 Graduate | \$325 | <input type="checkbox"/> Dental Student | \$0 |
| <input type="checkbox"/> Dental Student | \$20 | | |

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

New Hampshire AGD Constituent Dues: (See above rates.) \$ _____

Total Amount Enclosed: \$ _____

Individuals joining July 1 to Sept. 30, 2020, 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, 2019, enjoy membership through the end of 2020. 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, 2020. 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/join-agd. 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
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600