NEW JERSEY
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 _____ (Please indicate institution) ☐ Federal Services _____ (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/mailing 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:*

- ❑ Active General Dentist ..... $406
- ❑ Associate (Specialist) ..... $406
- ❑ Affiliate ..... $203
- ❑ Resident ..... $81
- ❑ 2019 Graduate ..... $81
- ❑ 2018 Graduate ..... $162
- ❑ 2017 Graduate ..... $244
- ❑ 2016 Graduate ..... $325
- ❑ Dental Student ..... $20

## 2020 New Jersey AGD Constituent Dues

- ❑ Active General Dentist ..... $100
- ❑ Associate ..... $100
- ❑ Affiliate ..... $0
- ❑ 2019 Graduate/Current Resident ..... $20
- ❑ 2018 Graduate ..... $40
- ❑ 2017 Graduate ..... $60
- ❑ 2016 Graduate ..... $80
- ❑ Dental Student ..... $0

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