NEW MEXICO 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 □			State/province	Date renewed (mm/yyyy)
Type of membership: (	Check one	.) 🗆 Active gene	eral dentist 🛛 Assoc		st) 🗆 Res	sident	
If you are not in genera	al practice,	please indicate yo	our specialty:				
Current dental practice	ent: (Check one.)	🗆 Solo 🗆 Associa	ateship 🛛 Group pra	actice 🛛	Hospital 🗆 Resident 🗆 (	Corporate	
□ Other □ Full-Time Faculty				Federal Services			
			,	Please indicate institutio	n		Please indicate branch
CONTACT INFOR	MATION	N			Prefer	red billing/mailing address:	: 🗆 Business 🗆 Home
Your AGD constituent is determine	ed by your busin	ess address, unless one is i	not available.				
Business address			City		State/pro	ovince ZIP/po	ostal code
Name of business (If applicable)					Phone	Fax	
Home address			City		State/pro	vince ZIP/po	ostal code
Phone	Cell phone Alternate email			Date of Birth			
EDUCATIONAL II				an accordited* U.S. //	Concidion	dental school? 🗆 Yes 🗆 I	
EDUCATIONAL		ATION AI	e you a graduate of	an accredited 0.3.70	Janadian		
Dental school State/province					Country		aduation (mm/yyyy)
Are you a graduate of	(or resider	nt in) an accredite			· ·	-	
□ Yes □ No □ Curr			AEGD □ GPR □ 0		prov	ficial accreditation is given by CODA in th vinces. **Accredited dental residencies q . Official proof of enrollment must be pro	ualify for the resident membership ovided to AGD.
Postdoctoral institution S			State/province	nce Country Start date (mm/dd/yyyy) End date (mm/dd/yyyy)			
<b>OPTIONAL INFO</b> Gender:  Male	-		closo 🗆 Not listad			I am interacted in partici	ipating in the AGD Mentor
Ethnicity: America				oanic 🛛 Caucasian	□ Other		
				i			
2025 AGD Dues     2025 New Mexico AGD       Please check membership type applying for:     Constituent Dues				I hereby certify that all of the above information is correct, and that by signing			
□ Active General Dentist				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 (Specialist)	Active General Dentist						
□ Affiliate			\$0				
□ Resident □ 2024 Graduate			\$0				
□ 2023 Graduate			\$25 \$55				
🗆 2022 Graduate	\$288		\$55				
□ 2021 Graduate			\$55				
Dental Student	\$22	Dental Student	\$0	Signature			Date
				Note: Check pa	yment is	required with hard copy a	applications.
1. AGD Dues:							
Upgrade to Premium Plus			If you have any questions, please contact our Membership Services				
2. AGD Constituent Dues:				Center at 888.243.3368.			
3. AGD Component Dues:.							
Total Amount Enclosed:				Diagona chur al-	ie en - l'		
Individuals joining for 2025 from Oct. 1 Visit www.agd.org/membership and clic	njoy membership through the e	na ot 2024 tor only \$100 more.	Please sign this application and submit payment to:				
Student and resident members are not e listing of membership benefits.	Plus Membership. Head to age	d.org/membership to review a full	ACADEMY OF GENERAL DENTISTRY PO BOX 4451				
Per the U.S. Revenue Reconciliation Act			CAROL STREAM, IL 60197-4451				
ing activities and is not deductible as a l	ousiness expense. P	lease consult with your financia	al adviser for detailed information.	1	.,		
Dues rates effective through September	30, 2025. Contact	the AGD or visit agd.org for up	Jated rates.				