



NEW YORK ACADEMY of GENERAL DENTISTRY

2023 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? <input type="checkbox"/> No <input type="checkbox"/> Yes:				
License number			State/province	Date renewed (mm/yyyy)
Type of membership: (Check one.) <input type="checkbox"/> Active general dentist <input type="checkbox"/> Associate (dental specialist) <input type="checkbox"/> Resident <input type="checkbox"/> Dental student <input type="checkbox"/> Affiliate				
If you are not in general practice, please indicate your specialty: _____				
Current dental practice environment: (Check one.) <input type="checkbox"/> Solo <input type="checkbox"/> Associateship <input type="checkbox"/> Group practice <input type="checkbox"/> Hospital <input type="checkbox"/> Resident <input type="checkbox"/> Corporate				
<input type="checkbox"/> Other _____		<input type="checkbox"/> Full-Time Faculty _____		<input type="checkbox"/> Federal Services _____
Please indicate institution			Please indicate branch	

CONTACT INFORMATION

Preferred billing/mailling 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)
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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)
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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

2023 AGD Dues

Please check membership type applying for:

- Active General Dentist \$441
- Associate (Specialist) \$441
- Affiliate \$221
- Resident \$21
- 2022 Graduate \$88
- 2021 Graduate \$176
- 2020 Graduate \$265
- 2019 Graduate \$353
- Dental Student \$21

2023 New York State AGD Constituent Dues

- Active General Dentist \$125
- Associate \$125
- Affiliate \$0
- Resident \$0
- 2022 Graduate \$20
- 2021 Graduate \$20
- 2020 Graduate \$20
- 2019 Graduate \$20
- Dental Student \$0

1. AGD Dues: \$ _____
 Upgrade to Premium Plus Membership* (Add \$150 USD) \$.....
 2. AGD Constituent Dues: \$ _____
 3. AGD Component Dues: \$ _____
- Total Amount Enclosed:** \$ _____

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, 2023 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