



# ONTARIO ACADEMY of GENERAL DENTISTRY

## 2023 AGD Membership Application

Join online at [agd.org](http://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 \_\_\_\_\_  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) \_\_\_\_\_

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

### 2023 AGD Dues

Please check membership type applying for:

- Active General Dentist .....\$416
- Associate (Specialist).....\$416
- Affiliate.....\$208
- Resident.....\$21
- 2022 Graduate.....\$83
- 2021 Graduate.....\$166
- 2020 Graduate.....\$250
- 2019 Graduate.....\$353
- Dental Student.....\$21

### 2023 Ontario AGD Constituent Dues

(In U.S. dollars)

- Active General Dentist.....\$46
- Associate.....\$46
- Affiliate.....\$0
- 2022 Graduate.....\$0
- 2021 Graduate.....\$46
- 2020 Graduate.....\$46
- 2019 Graduate.....\$46
- Student/Resident.....\$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](http://agd.org/membership) to review a full listing of membership benefits.

Dues rates effective through September 30, 2023 Contact the AGD or visit [agd.org](http://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](http://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