MEMBER INFORM	MATION							
First name	MI	Last name		Designation (e.g. DDS, DMD, BDS)	Pr	imary Email address		
Do you currently hold a	valid U.S./	Canadian dental licens	se? □No □					
				License number		ate/province	Date renewed (mm/yyyy)	
Type of membership: (C	Check one.	) 🗆 Active general de	entist $\square$ Assoc	ciate (dental specialist)	☐ Resident	☐ Dental student	☐ Affiliate	
If you are not in genera	l practice, p	olease indicate your sp	ecialty:					
Current dental practice	environme	ent: (Check one.) 🗆 S	olo 🗆 Associa	teship 🛮 Group pract	tice 🗆 Hosp	ital □ Resident □	Corporate	
☐ Other	D Fo	ull-Time Faculty			Federal Services			
				Please indicate institution			Please indicate branch	
CONTACT INFOR	MATION	I			Preferred bi	lling/mailing addres	s: 🗆 Business 🗆 Home	
Your AGD constituent is determined	d by your busine	ss address, unless one is not avail	able.					
Business address			City		State/province	ZIP/p	postal code	
Name of business (If applicable)					Phone	Fax		
Home address			City		State/province	ZIP/ŗ	postal code	
Phone	Cell phor	ne	Alternate email		Date of Birth			
EDUCATIONAL IN	IEO DA A	TION	1	lt. h.u.c./c			N 50 1 1	
EDUCATIONAL IN	IFORMA	ATION Are you	a graduate of a	an accredited* U.S./Car	nadian dental	school? ☐ Yes ☐	No ☐ Currently enrolled	
Dental school			State/province		Country	Date of g	graduation (mm/yyyy)	
Are you a graduate of ( ☐ Yes ☐ No ☐ Curre					provinces. **	reditation is given by CODA in Accredited dental residencies proof of enrollment must be p	the U.S. and CDAC for all Canadian qualify for the resident membership rovided to AGD.	
Postdoctoral institution			State/province		Country	Start date (n	nm/dd/yyyy) End date (mm/dd/yyyy	
OPTIONAL INFOR	MATION							
Gender:			□ Not listed		La	m interested in parti	cipating in the AGD Mento	
Ethnicity:				anic □ Caucasian □			☐ Mentor ☐ Mentee	
					1416	item rogram as a.	_ menter _ mentee	
2025 AGD Dues		2025 South Card	olina AGD	I hereby certify that a	all of the abov	e information is cor	ect, and that by signing	
Please check membership type applyi	ng for:	<b>Constituent Due</b>	s				cluding completion of 75	
☐ Active General Dentist	\$479	☐ Active General Dentist	\$95	hours of continuing education every three years for active general dentist and associate members.				
☐ Associate (Specialist)		□ Associate						
☐ Affiliate		☐ Affiliate						
□ Resident		□ Resident	\$0					
☐ 2024 Graduate		□ 2024 Graduate	\$20					
☐ 2023 Graduate		□ 2023 Graduate						
□ 2021 Graduate		□ 2022 Graduate						
□ Dental Student		□ 2021 Graduate		Signature			Date	
	•	☐ Dental Student	\$0					
<b>1.</b> AGD Dues:			. \$	Note: Check paym				
Upgrade to Premium Plus Membership* (Add \$199 USD)\$				To pay with credit card, please apply online at agd.org/membership. If you have any questions, please contact our Membership Services				
2. AGD Constituent Dues:						ase contact our Me	mbership services	
3. AGD Component Dues:				Center at 888.243	.3308.			
Total Amount Enclosed:								
Individuals joining for 2025 from Oct. 1 to Visit www.agd.org/membership and click	Dec. 31, 2024, en			Please sign this			ayment to:	
Student and resident members are not eli	gible for Premium	Plus Membership. Head to agd.org/me	mbership to review a full	ACADEMY OF GE	NEKAL DEN	IIISTRY		

CAROL STREAM, IL 60197-4451

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, 2025. Contact the AGD or visit agd.org for updated rates.