# TEXAS ACADEMY of GENERAL DENTISTRY

## 2022 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 ☐ 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/mailing 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

Ethnicity: ☐ American Indian ☐ Asian ☐ African-American ☐ Hispanic ☐ Caucasian ☐ Other

I am interested in participating in the AGD Mentor Match Program as a: ☐ Mentor ☐ Mentee

### 2022 AGD Headquarters Dues

*Please check membership type applying for:*

| Membership | Dues |
|---|---|
| ☐ Active General Dentist | $420 |
| ☐ Associate (Specialist) | $420 |
| ☐ Affiliate | $210 |
| ☐ Resident | $21 |
| ☐ 2021 Graduate | $84 |
| ☐ 2020 Graduate | $168 |
| ☐ 2019 Graduate | $252 |
| ☐ 2018 Graduate | $336 |
| ☐ Dental Student | $21 |

### 2022 Texas AGD Constituent Dues

| | |
|---|---|
| ☐ Active General Dentist/Associate | $251 |
| ☐ 2021 Graduate | $104 |
| ☐ Student/Resident | $0 |
| ☐ 2020 Graduate | $146 |
| ☐ 2019 Graduate | $201 |
| ☐ 2018 Graduate | $251 |

### 2022 Texas AGD Component Dues

| | | | |
|---|---|---|---|
| ☐ Brazos Valley | $25 | ☐ Houston | $50 |
| ☐ Panhandle | $0 | ☐ Rio Grande Valley | $40 |
| ☐ Central Texas | $45 | ☐ San Antonio | $50 |
| ☐ Dallas | $50 | ☐ South Texas | $35 |
| ☐ El Paso | $10 | ☐ West Texas | $40 |
| ☐ Fort Worth | $40 | | |

1. AGD Headquarters Dues: ................................ $ _____
   Upgrade to Premium Plus Membership* (Add $130 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, 2022 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