

Dues rates effective through Sept. 30, 2018. Contact the AGD or visit agd.org for updated rates.

PROMOTIONAL CODE:
REFERRAL INFORMATION If you were referred to the AGD by a current member, please note his or her information below:
Member's name
City, state/province, or U.S. Federal Services branch

If paying by credit card, fax to 312.335.3443.

MEMBER INFORMATION										
First name MI Last name	Designation (e.g. DDS, DMD, BDS)			Date of birth (n Required for ac	nm/dd/yyyy cess to the	') members-or	ly sectio	ns of the	AGD we	bsite
Do you currently hold a valid U.S./	Canadian dental license? No	Yes:		State/province			Date ren	newed (m	ım/yyyy)	
Type of membership: (Check one.)	Active general dentist As	sociate (dental specialist)	Resident	Denta	studen	t Af	filiate			
If you are not in general practice, p	olease indicate your specialty:									
Current dental practice environme Other	•	ociateship Group pract	tice Hos <sub>l</sub>	oital Re Federal S	sident ervices		orate	dicate bra	anch	
If you are a member of the Canadi U.S. military counterpart Lo	an Forces Dental Service, please in cal Canadian constituent	ndicate your preferred con	stituent:							
CONTACT INFORMATION Your AGD constituent is determined by your busined	ess address, unless one is not available.			billing/mail method of			Busir Iail	ness Mail	Hoi P	me hone
Business address	City		State/province			ZIP/postal o	ode			
Name of business (If applicable)			Phone			Fax				
Home address	City		State/province	,		ZIP/postal o	ode			
Phone	Primary e	mail	Website addre	ess						
EDUCATIONAL INFORMA	TION Are you a graduat	e of an accredited* U.S./C	Canadian den	tal school?	Yes	No	С	urrent	ly enr	olled
Dental school	State/pro		Country		Date o	f graduation	(mm/yy	/y)		
Are you a graduate of (or resident Yes No Currently enrolled		dian postdoctoral progran Other	provinces.	ccreditation is give **Accredited den- oof of enrollment r	tal residencie	es qualify for	the reside			e.
Postdoctoral institution	State/pro	vince	Country		Start d	ate (mm/dd/	′уууу)	End dat	e (mm/d	d/yyyy)
OPTIONAL INFORMATION Gender: Male Female Ethnicity: American Indian I am interested in participating in t	Hispanic Caucasian Mentor Mentee	your consent or when required to by law. For more information, please visit								
2018 AGD	2018 Virginia AGD	PAYMENT								
Headquarters Dues Please check membership type applying for:	Constituent Dues	Check (enclosed)								
	Active General Dentist			rican Expre		terCard or	chack			
Active General Dentist\$392 Associate (Specialist)\$392	AssociateAffiliate	ΨO2   ·			10 1100	Corcard, or		¬—	, —	
Affiliate\$196	2017 Graduate/Current Resident									
Resident \$78	2016 Graduate									
2017 Graduate	2015 Graduate									
2016 Graduate	2014 Graduate Dental Student	. 11 11 1 1 11								
2014 Graduate	Dental Student	Expiration date (mm/yyyy)		Please pr	int name as	it appears o	n the ca	rd.		
Dental Student \$20										
		I hereby certify that all of					-			-
AGD Headquarters Dues: (See above rates	s.) \$	to all terms of membersh		•		continuin	g educa	ition ev	ery thre	ee
Virginia AGD Constituent Dues: (See above	e rates.) \$	years for active general c	aeritist dilu dSSC	ciate member	э.					
Total Amount Enclosed:	\$									
Individuals joining July 1 to Sept. 30, 2018, pay half the annuresident, first-year graduate, or affiliate members). Individuals end of 2018. Paid dues will be applied to the upcoming year. Per the U.S. Revenue Reconciliation Act of 1993, 1.2 percent activities and is not deductible as a business expense. Pleas	s joining Oct. 1 to Dec. 31, 2017, enjoy membership through of membership dues payment is allocable to the AGD's lob	the Signature		56 CI	cademy o 60 W. Lake hicago, IL	application  f General I  St., Sixth  60661-660	Dentisti Floor, 00.	ry,		

Date