MEMBER INFORM	MATION						
First name	MI	Last name		Designation (e.g. DDS, DMD, BDS)		Primary Email address	
Do you currently hold a	valid U.S./	Canadian dental l	icense? □ No □			State/province	Date renewed (mm/yyyy)
Type of membership: (0	Check one.	) 🛘 Active gener	ral dentist 🛮 Asso	ciate (dental specialist)	□ Reside	ent 🛘 Dental student	☐ Affiliate
If you are not in genera	ا practice, إ	olease indicate yo	ur specialty:				
Current dental practice	environme	ent: (Check one.)	□ Solo □ Associa	ateship 🛮 Group pract	tice 🗆 Ho	ospital □ Resident □	] Corporate
□ Other			☐ Full-Time Faculty	Please indicate institution		□ Federal Services	Please indicate branch
CONTACT INFOR	_				Preferred	billing/mailing addre	ss: 🗆 Business 🗆 Home
Your AGD constituent is determine	d by your busine	ss address, unless one is n	ot available.				
Business address	ness address		City		State/province	ce ZIP/	postal code
Name of business (If applicable)					Phone	Fax	
Home address			City		State/proving	ce ZIP/	postal code
Phone	Cell phone Alternate ema		I	Date of Birth			
Dental school  Are you a graduate of (or resident in) an accredited** U.S. or Canadian  ☐ Yes ☐ No ☐ Currently enrolled Type: ☐ AEGD ☐ GPR ☐ C			n postdoctoral program	province	accreditation is given by CODA in	graduation (mm/yyyy)  In the U.S. and CDAC for all Canadian Is qualify for the resident membership provided to AGD.	
Postdoctoral institution			State/province		Country	Start date (	mm/dd/yyyy) End date (mm/dd/yyyy)
OPTIONAL INFOR	MATIO	N					
Gender: □ Male □ I	Female $\square$	Prefer not to disc	lose 🗆 Not listed			I am interested in parti	cipating in the AGD Mentor
Ethnicity:   American	Indian 🗆	l Asian 🛮 Africar	n-American 🛮 Hisp	oanic □ Caucasian □	Other	Match Program as a:	☐ Mentor ☐ Mentee
2025 AGD Dues		2025 Virgini	a AGD	I harabu aartifuthat a	all of the ol	hava information is say	reat and that hy signing
Please check membership type apply  ☐ Active General Dentist ☐ Associate (Specialist) ☐ Affiliate ☐ Resident ☐ 2024 Graduate ☐ 2023 Graduate ☐ 2022 Graduate	\$479 \$479 \$240 \$22 \$96 \$192 \$288	Constituent  Active General De Associate Affiliate Resident 2024 Graduate 2023 Graduate		this application, I agi	ree to all te	erms of membership in	rect, and that by signing cluding completion of 75 ctive general dentist and
□ 2021 Graduate □ Dental Student			\$75 \$0	Signature			Date
1. AGD Dues:       \$         Upgrade to Premium Plus Membership* (Add \$199 USD)       \$         2. AGD Constituent Dues:       \$         3. AGD Component Dues:       \$         Total Amount Enclosed:       \$				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.			
Individuals joining for 2025 from Oct. 1 to Visit www.agd.org/membership and click Student and resident members are not ellisting of membership benefits.	Dec. 31, 2024, en JOIN TODAY.	oy membership through the er	nd of 2024 for only \$100 more.	Please sign this ACADEMY OF GE PO BOX 4451		tion and submit p ENTISTRY	payment to:

CAROL STREAM, IL 60197-4451

Dues rates effective through September 30, 2025. Contact the AGD or visit agd.org for updated rates.

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.