

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							1					
						L						
First name MI Last name	Designation (e.g. DDS, DMD, BDS)				Da Re	ate of birth (i equired for a	nm/dd/yyyy cess to the	r) members-or	nly sectio	ns of the	AGD we	ebsite
Do you currently hold a valid U.S./	'Canadian dental license? N	o Ye	Elicense number		St	ate/province			Date ren	newed (n	ım/yyyy)	)
Type of membership: (Check one.)	Associa	te (dental specialist)	Res	sident		l studen	t Af	filiate		,,,,,		
If you are not in general practice,	please indicate your specialty:											
Current dental practice environme	•	ssociate	eship Group pract	ice	Hospit F	al Re Federal S	esident ervices		orate	dicate br	anch	
If you are a member of the Canad U.S. military counterpart Lo	ian Forces Dental Service, pleas ocal Canadian constituent	e indica	te your preferred con	stituen	rt:							
CONTACT INFORMATION Your AGD constituent is determined by your busin						lling/mai ethod of			Busir nail	ness Mail		me Phone
Business address	City			State/p	province			ZIP/postal o	ode			
Name of business (If applicable)				Phone				Fax				
Home address	City			State/p	province			ZIP/postal o	ode			
Phone	Prima	ıry email		Websit	te address							
EDUCATIONAL INFORMA	TION Are you a grad	uate of	an accredited* U.S./C	anadia	n denta	l school?	Yes	No	С	urrent	ly enr	rolled
Dental school		/province		Count	try		Date o	f graduation	mm/yy	/y)		
Are you a graduate of (or residen Yes No Currently enrol			oostdoctoral progran ther	pr	rovinces. **A	ditation is giv accredited der of enrollment	tal residenci	es qualify for	the reside			te.
Postdoctoral institution	State/	/province		Count	try		Start d	ate (mm/dd	/уууу)	End dat	e (mm/c	dd/yyyy)
OPTIONAL INFORMATION Gender: Male Female Ethnicity: American Indian I am interested in participating in	AGD Privacy Information The AGD has systems and procedures in place to protect your privacy in note to the handling of your personal information. The AGD does not collect perinformation unless it is necessary to perform one or more of its functions activities. On occasion, the AGD may collect personal information, please vis www.agd.org or contact the AGD Membership Services Center at 888.24.							ersonal and ly with sit				
2018 AGD	2018 Vermont AGD		PAYMENT									
Headquarters Dues Please check membership type applying for: Active General Dentist\$392	Constituent Dues  Active General Dentist  Associate	\$30	Check (enclosed) Visa MasterC Note: Payments for Canadian			can Expre		terCard, or	check.			
Associate (Specialist) \$392 Affiliate \$196	Affiliate											
Resident\$78	2016 Graduate	\$30									J [	J L
2017 Graduate\$78 2016 Graduate\$156	2015 Graduate 2014 Graduate											
2015 Graduate\$236												
2014 Graduate\$314			Expiration date (mm/yyyy)			Please p	rint name as	it appears	on the ca	rd.		
Dental Student\$20			I hereby certify that all of	f the aho	ve inform	ation is co	rrect and	that hy sid	anina th	nis annl	cation	agree
ACD Handmunt Down (C	-1		to all terms of membersh									-
AGD Headquarters Dues: (See above rate Vermont AGD Constituent Dues: (See above rate)			years for active general o	dentist ar	nd associa	ate membe	rs.					
Total Amount Enclosed:												
Individuals joining July 1 to Sept. 30, 2018, pay half the anno- resident, first-year graduate, or affiliate members). Individual end of 2018. Paid dues will be applied to the upcoming year Per the U.S. Revenue Reconciliation Act of 1993, 1.2 percen activities and is not deductible as a business expense. Pleas	Return this application with your paymen Academy of General Dentistry, 560 W. Lake St., Sixth Floor, Chicago, IL 60661-6000, If paying by credit card, fay to 312 335 344											

Date