| MEMBER INFORM | IATION | | | | | | |
|--|---|---|---------------------------------|--|-----------------------------------|---|---|
| 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: (C | Check one. |) 🛘 Active gene | ral dentist 🛮 Asso | ciate (dental specialist) | □ Reside | ent 🛘 Dental student | ☐ Affiliate |
| If you are not in general | practice, | olease indicate yo | ur specialty: | | | | |
| Current dental practice | environme | ent: (Check one.) | □ Solo □ Associa | ateship 🛮 Group pract | tice □ Ho | spital □ Resident □ |] Corporate |
| □ Other | | | ☐ Full-Time Faculty | Please indicate institution | | □ Federal Services | Please indicate branch |
| CONTACT INFORI | MATION | I | | | Preferred | l billing/mailing addre | ss: 🗆 Business 🗆 Home |
| Your AGD constituent is determined | l by your busine | ss address, unless one is n | ot available. | | | | |
| Business address | ess address | | City | | State/provinc | ce ZIP/ | postal code |
| Name of business (If applicable) | | | | | Phone | Fax | |
| Home address | | | City | | State/provinc | ce ZIP/ | postal code |
| Phone | Cell phone Alternate ema | | il | Date of Birth | | | |
| Dental school State/province Are you a graduate of (or resident in) an accredited** U.S. or Canadiar Yes □ No □ Currently enrolled Type: □ AEGD □ GPR □ 0 | | | 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 □ F | emale 🗆 | 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 | panic □ Caucasian □ |] Other | Match Program as a: | ☐ Mentor ☐ Mentee |
| 2025 AGD Dues | | 2025 Vermo | nt AGD | Lhoroby cortify that | all of the al | novo information is cor | rect, and that by signing |
| Please check membership type applyin ☐ Active General Dentist ☐ Associate (Specialist) ☐ Affiliate | \$479 \$479 \$240 \$22 \$96 \$192 \$288 | Constituent Active General De Associate Affiliate Resident 2024 Graduate 2023 Graduate | | this application, I ag | ree to all te | erms of membership in | cluding completion of 75 ctive general dentist and |
| □ 2021 Graduate □ Dental Student | | □ 2021 Graduate | \$35 | 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 eli- listing 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.