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 🗀			
_ , , , , , , , , , , , , , , , , , , ,		License number	State/province	Date renewed (mm/yyyy)
Type of membership: (Check one.) □ Active general dentist □ Assoc	ciate (dental specialist)	☐ Resident ☐ Dental student ☐ /	Affiliate
If you are not in general practice, I	olease indicate your specialty:			
Current dental practice environme	ent: (Check one.) □ Solo □ Associa	teship 🛮 Group pract	ice □ Hospital □ Resident □ Co	rporate
□ 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 busine	ess 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	ne Alternate email		Date of Birth	
EDUCATIONAL INFORMA	TION Are you a graduate of	an accredited* ITS /Car	nadian dental school? ☐ Yes ☐ No	☐ Currently enrolled
LDOCATIONAL INTOKNIA	Are you a graduate or	an accredited 0.5./Car	ladian dental school: Lifes Life	
Dental school	State/province		-	ation (mm/yyyy)
☐ Yes ☐ No ☐ Currently enroll	t in) an accredited** U.S. or Canadian ed Type: □ AEGD □ GPR □ C		*Official accreditation is given by CODA in the U provinces. **Accredited dental residencies quali rate. Official proof of enrollment must be provide	fy for the resident membership
Postdoctoral institution	State/province		Country Start date (mm/do	d/yyyy) End date (mm/dd/yyyy)
OPTIONAL INFORMATION	N			
	■ Prefer not to disclose		I am interested in participa	ting in the AGD Mentor
Ethnicity: American Indian] Asian □ African-American □ Hisp	anic □ Caucasian □		•
2026 AGD Dues	2026 Vermont AGD	I hereby certify that a	all of the above information is correct,	and that by signing
Please check membership type applying for:	Constituent Dues		ree to all terms of membership includ	
☐ Active General Dentistry\$496 ☐ Associate (Specialist)\$496	□ Active General Dentist\$35	hours of continuing education every three years for active general dentist and		
☐ Affiliate\$248	□ Associate\$35	associate members.		
□ 2025 Graduate	□ Affiliate\$0			
□ 2024 Graduate\$198	□ 2025 Graduate\$0			
□ 2023 Graduate\$298	□ 2024 Graduate\$35			
□ 2022 Graduate\$397	□ 2023 Graduate\$35			
□ Student/Resident\$22	□ 2022 Graduate\$35			
	☐ Student/Resident\$0	Signature		Date
1. AGD Dues:	\$		pent is required with bard copy an	nlications
Upgrade to Premium Plus Membership* (Add \$199 USD)\$			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	
2. AGD Constituent Dues: \$				
3. AGD Component Dues:				
Total Amount Enclosed:		Center at 888.243	.3368.	
Individuals joining July 1 to Sept. 30, 2026, pay half the ann	ual headquarters membership dues (does not apply to student, Is joining Oct. 1 to Dec. 31, 2025, enjoy membership through	Please sign this	application and submit pays	ment to:
Student and resident members are not eligible for Premium	Plus Membership. Head to agd.org/membership to review a full		NERAL DENTISTRY	

PO BOX 4451

CAROL STREAM, IL 60197-4451

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, 2026. Contact the AGD or visit agd.org for updated rates.

Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full

† Please note that credit card payments are subject to an additional 3% processing fee not reflected in the dues total shown.