



For more information:
Join online at www.agd.org.
Call us at 888.243.3368 or 312.440.4300.

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

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First name	MI	Last name	Designation (e.g. DDS, DMD, BDS)	Date of birth (mm/dd/yyyy) <i>Required for access to the members-only sections of the AGD website</i>			

Do you currently hold a valid U.S./Canadian dental license? ☐ No ☒ Yes:

License number	State/province	Date renewed (mm/yyyy)

Type of membership: (Check one.) ☐ Active general dentist ☐ Associate (dental specialist) ☐ Resident ☐ Dental student ☐ Affiliate

If you are not in general practice, please indicate your specialty: _____

Current dental practice environment: (Check one.) ☐ Solo ☐ Associateship ☐ Group practice ☐ Hospital ☐ Resident ☐ Corporate ☐ Other _____

☐ Faculty _____ Please indicate institution _____

☐ Federal Services _____ Please indicate branch _____

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent: ☐ U.S. military counterpart ☐ Local Canadian constituent

Your AGD constituent is determined by your business address, unless one is not available.

Preferred billing/ mailing address: ☐ Business ☐ Home

Preferred method of contact: ☐ Email ☐ Mail ☐ Phone

Business address	City	State/province	ZIP/postal code
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Name of business (If applicable)	Phone	Fax
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Home address	City	State/province	ZIP/postal code
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Phone	Primary email	Website address
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Are you a graduate of an accredited* U.S./Canadian dental school? ☐ Yes ☐ No ☐ Currently enrolled

Dental school	State/province	Country	Date of graduation (mm/yyyy)
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Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program? ☐ Yes ☐ No ☐ Currently enrolled Type: ☐ AEGD ☐ GPR ☐ Other

Postdoctoral institution	State/province	Country	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
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Gender ☐ Male ☐ Female

Ethnicity ☐ American Indian ☐ Asian ☐ African-American ☐ Hispanic ☐ Caucasian ☐ Other

I am interested in participating in the AGD Mentor Program as a: ☐ Mentor ☐ Mentee

*Official accreditation is given by CODA in the U.S. and CDAC for all Canadian provinces.

****Accredited dental residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.**

| AGD Privacy Information

The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to perform one or more of its functions and activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit www.agd.org or contact the AGD Membership Services Center at 888.243.3368.

Please check membership type applying for:

- | | |
|---|-------|
| <input type="checkbox"/> Active General Dentist | \$380 |
| <input type="checkbox"/> Associate (Specialist) | \$380 |
| <input type="checkbox"/> Affiliate | \$190 |
| <input type="checkbox"/> Resident..... | \$76 |
| <input type="checkbox"/> 2014 Graduate..... | \$76 |
| <input type="checkbox"/> 2013 Graduate..... | \$152 |
| <input type="checkbox"/> 2012 Graduate..... | \$228 |
| <input type="checkbox"/> 2011 Graduate..... | \$304 |
| <input type="checkbox"/> Dental Student..... | \$17 |

Active General Dentist	\$25
Associate.....	\$25
Affiliate	\$0
2014 Graduate/ Current Resident.....	\$15
2013 Graduate	\$25
2012 Graduate	\$25
2011 Graduate	\$25
Dental Student	\$0

AGD Headquarters Dues: (See above rates)

West Virginia Constituent Dues: (See above rates)

Total Amount Enclosed:

Individuals joining July 1 to Sept. 30, 2015, pay half the annual headquarters membership dues (does not apply to student, resident, first-year graduate, or affiliate members). Individuals joining Oct. 1 to Dec. 31, 2014, enjoy membership through the end of 2015. Paid dues will be applied to the upcoming year.

Per the U.S. Revenue Reconciliation Act of 1993, 1.2 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 Sept. 30, 2015. Contact the AGD or visit www.gad.org for updated rates.

☐ Check (enclosed)

☐ Visa ☐ MasterCard ☐ American Express

Note: Payments for Canadian members can only be accepted via Visa, MasterCard, or check.

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Expiration date (mm/yyyy) Please print name as it appears on the card.

I hereby certify that all of the above information is correct, and that by signing this application I agree to all terms of membership including completion of 75 hours of continuing education every three years for active general dentist and associate members.

Signature _____

Date _____

Return this application with your payment to: Academy of General Dentistry,
560 W. Lake St., Sixth Floor, Chicago, IL 60661-6600.

If paying by credit card, fax to 312.335.3443.