

## **MEMBER INFORMATION**

Device currently hold a valid US/Canadian dental licens?       IN       Device currently       State bounder:       Sta	First name MI	Last name	Designation	Primary Email address		
Type of membership: (Check one.) Active general dentist Associate (dental specialist) Dental student Affiliate   If you are not in general practice, please indicate your specialty:	Do you currently hold a valid U.S.	/Canadian dental license? 🛛 No 🔲 `	Yes:	Charle (and income		
Current dental practice environment (Check one)       Solo       Associateship       Group practice       Hospital       Resident       Corporate         Other	Type of membership: (Check one	.) 🛛 Active general dentist 🛛 Assoc		·		
Other       Public Time Faculty       Procendate instation       Prederal Services       Presendates instation         CONTACT INFORMATION       Preferred billing/mailing address:       Business       Home         Total database of systematic difference big your backets address:       Cir       Services       2Piposed loss         Nerve of backets of systematic       Cir       Services       2Piposed loss       Business       Home         Nerve of backets of systematic       Cir       Services       2Piposed loss       Bit         Difference address       Cir       Gene powrines       2Piposed loss       Bit         EDUCATIONAL INFORMATION       Are you a graduate of an accredited* U.S./Canadian dental school?       Yes       No       Currently enrolled         Data data data of (or resident in) an accredited** U.S. or Canadian postdoctorial program?       """"""""""""""""""""""""""""""""""""	If you are not in general practice,	please indicate your specialty:				
Press indicate institution      Press      Press indicate institution      Press      P	Current dental practice environm	ent: (Check one.) 🛛 Solo 🗆 Associa	teship 🛛 Group practic	e 🗆 Hospital 🗆 Resident 🗆 Co	orporate	
CONTACT INFORMATION       Preferred billing/mailing address:       Business:       Home         Yand 20: 20:0000000000000000000000000000000	□ Other	🗆 Full-Time Faculty		🗆 Federal Services		
The 2400 construent is determined by your bases where, unless one is not excitable.       City       State (province       79(provid code         Name of business where       City       State (province       79(provid code         Name of business where       City       State (province       79(provid code         Name of business where       City       State (province       79(provid code         Name of business where       City       State (province       79(provid code         Name of business where       City       State (province       79(provid code         EDUCATIONAL INFORMATION       Are you a graduate of an accredited* U.S./Canadian dental school?       No       Currently enrolled         City is a graduate of for resident in an accredited** U.S. or Canadian postdoctoral program?       Contract where the state school?       Dot of enrollence index/enrolled*/program         Net is characterized in the code of the cod			Please indicate institution		Please indicate branch	
Butteres address     Cay     Setto province     20/costal code       Name of basicest (Figulatable)     Plane     Fax       Intere of basicest (Figulatable)     Plane     Fax       Plane     Caliphone     Attantae and     Date of basic       EDUCATIONAL INFORMATION     Are you a graduate of an accredited* U.S./Canadian dental school?     Ves     No       Dental actool     Are you a graduate of (or resident in) an accredited**U.S. of Canadian postdoctoral program?     Contrary     Dental actool       Are you a graduate of (or resident in) an accredited**U.S. of Canadian postdoctoral program?     Contrary     Dental actool       Are you a graduate of for resident in an accredited**U.S. of Canadian postdoctoral program?     Contrary     Statcheronochology       Pation     Caurenty enrolled     Type:     AEG Contrary     Statcheronochology       Matter resident in participating in the AGD Mentor     Matter Program as a:     Mentor / Mentore enrolled on participating in the AGD Mentor       Matter resident in spanic     Courting     Statcheronochology     Statcheronochology       Optional contrary     Statcheronochology     Statcheronochology     Matter Program as a:     Mentor / Mentores       Andorochology     Statcheronochology     Statcheronochology     Statcheronochology     Matter Program as a:     Contrary       Dental bactoon     Statcheronochology     Statc	CONTACT INFORMATION	J	F	Preferred billing/mailing address:	□ Business □ Home	
New of brainess (If applicable)       Prove       Fax         Internet address       City       Batelynownee       20/petital code         Phore       City       Batelynownee       20/petital code         Phore       City       Batelynownee       20/petital code         EDUCATIONAL INFORMATION       Are you a graduate of (or resident in) an accredited* U.S. //Canadian dental school?       Proce       No         Orned activation       Statelynownee       County       Dead activation       County       Dead activation         Proce       No       Currently enrolled       Type:       Call phone       County       Dead activation       County       Dead activation       County       Dead activation       County       Dead activation       County	Your AGD constituent is determined by your busin	ess address, unless one is not available.				
New of brainess (If applicable)       Prove       Fax         Internet address       City       Batelynownee       20/petital code         Phore       City       Batelynownee       20/petital code         Phore       City       Batelynownee       20/petital code         EDUCATIONAL INFORMATION       Are you a graduate of (or resident in) an accredited* U.S. //Canadian dental school?       Proce       No         Orned activation       Statelynownee       County       Dead activation       County       Dead activation         Proce       No       Currently enrolled       Type:       Call phone       County       Dead activation       County       Dead activation       County       Dead activation       County       Dead activation       County	Duringen address		c	Chate /	-11-	
Hume address       City       Subtry output       Officity       Description       Officity         Flow       Cell phone       Alternate enail       Description       Description       Description         EDUCATIONAL INFORMATION       Are you a graduate of an accredited* U.S./Canadian dental school?       Ves       No       Currently enrolled         Data is chool       Status/province       Country       Data of graduate of (or resident in) an accredited* U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Canadian postdoctoral program?       "Official accreditation is given by CGOA in the U.S. or Country       Status of accreditation is given by CGOA in the U.S. or Country       Status of accreditation is given by CGOA in the U.S. or Country       Status of accreditation is given by CGOA in the U.S. or Country       Status of accreditation is given by CGOA in the U.S. or Country       Status of accreditation of CFOA in Country       Material in the CGO in the U.S. or Country       Status of accreditation of CFOA in Country<	business address	City	3	state/province Zir/posta	ai code	
Prime       Cell phone       Alterate entral       Date of Birth         EDUCATIONAL INFORMATION       Are you a graduate of an accredited* U.S./Canadian dental school?       Ys       No       Currently enrolled         Dental school       State/point/a       Country       Last of graduate on (nnivyyy)       Last of graduate on (nnivyyy)         Pressore discussion       Type:       AEGD       GRR       Outry       Dental school       Last of graduate on (nnivyyy)         Resource       Ys       No       Currently enrolled       Type:       AEGD       GRR       Other         Pressore discussion       State/point/a       Country       Total accorditation in gives ty CCOURCE are Country enrolled in the US and CARCE or all Country enrolled in the US and C	Name of business (If applicable)		F	hone Fax		
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Dantal school       State/province       Country       Date of graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?       Infinite accreditation is given by CODA in the U.S. and COAC for all Canadian postdoctoral program?         Press       No       Currently enrolled       Type:       A EG D       G PR       Other         Press       No       Currently enrolled       Type:       A EG D       G PR       Other         Press       No       Currently enrolled       Type:       A EG D       G PR       Other         Press       Output       State/province       Country       State/province       Country       State/province         Optional institution       State/province       Country       State/province       Country       State/province       I am interested in participating in the AGD Mentor         Rest data anniheen by paraphysing for:       Country       Calcia General Dentist       State/province       Caucasian       Other       Match Program as a:       I Mentee         Passociate       State/province       Country       Active General Dentist       State/province       State/province       State/province       I am interested in participating in the AGD Mentor         Match State Specialisty       State/province       Country       Actro Addit annihology of Country       Actro A	Phone Cell pho	ne Alternate email	E	Date of Birth		
Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?	EDUCATIONAL INFORM	ATION Are you a graduate of a	an accredited* U.S./Cana	dian dental school? 🗆 Yes 🗆 N	o □ Currently enrolled	
Are you a graduate of (or resident in) an accredited** U.S. or Canadian postdoctoral program?						
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Ites       Excluse				*Official accreditation is given by CODA in the	U.S. and CDAC for all Canadian	
OPTIONAL INFORMATION         Gender:       Male       Fermale       Prefer not to disclose       Not listed         Ethnicity:       American Indian       Asian       African-American       Hispanic       Caucasian       Other         2025 AGD Dues       2025 Nevada AGD Constituent Dues       Match Program as a:       Mentor       Mentoe         Active General Dentist       \$479	□ Yes □ No □ Currently enrol	led Type: 🗆 AEGD 🗆 GPR 🗆 C	Other	rovinces. **Accredited dental residencies qua rate. Official proof of enrollment must be provi	ality for the resident membership ided to AGD.	
OPTIONAL INFORMATION         Gender:       Male       Fermale       Prefer not to disclose       Not listed         Ethnicity:       American Indian       Asian       African-American       Hispanic       Caucasian       Other         2025 AGD Dues       2025 Nevada AGD Constituent Dues       Match Program as a:       Mentor       Mentoe         Active General Dentist       \$479	Postdoctoral institution	State/province		Country Start date (mm/	dd/aaau) End date (mm/dd/aaau)	
Gender:       Male       Perfer not to disclose       Not listed         Ethnicity:       American Indian       Asian       African-American       Hispanic       Caucasian       Other         2025 AGD Dues       2025 Nevada AGD       Caucasian       Other       Match Program as a:       Mentor       Mentor         Pase check membership type applying for:       Constituent Dues       Active General Dentist:       5479       Active General Dentist:       5400         Affiliate       5202       Active General Dentist:       5400       Affiliate       5400         Affiliate       5202       Resident       5202       Resident       5202         2024 Graduate       5202       Caduate       5300       2022 Graduate       5300         2022 Graduate       5202       Caduate       5300       2022 Graduate       5300         2022 Graduate       5202       Caduate       5300       2022 Graduate       5300         1. AGD Dues:       5		Succeptornee		country start date (minis)		
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2025 AGD Dues       2025 Nevada AGD Constituent Dues       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 Associate (Specialist)         Active General Dentist.       5479 Associate (Specialist)       Active General Dentist.       540 Associate (Specialist)         Active General Dentist.       5479 Associate (Specialist)       Active General Dentist.       540 Associate (Specialist)         2024 Graduate       522 2023 Graduate       522 2023 Graduate       522 2023 Graduate       522 2023 Graduate         2021 Graduate       522 2023 Graduate       522 2023 Graduate       522 2023 Graduate       522 2023 Graduate       522 2023 Graduate         1. AGD Dues:       5						
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Please check membership type applying for:       Constituent Dues         Active General Dentist       \$479         Active General Dentist       \$400         Affiliate       \$500         Affiliate       \$500         Besident       \$222         Craduate       \$500         2022 Graduate       \$222         Craduate       \$202         2022 Graduate       \$333         2021 Graduate       \$336         2021 Graduate       \$320         2022 Graduate       \$338         2021 Graduate       \$320         2022 Graduate       \$320         2021 Graduate       \$320         2022 Graduate       \$320         2024 Graduate       \$333         3. AGD Component Dues:       \$	2025 AGD Dues	2025 Nevada AGD	I boroby cortify that all	of the above information is correc	t and that by signing	
□ Associate (Specialist)       \$479       □ Associate       \$40         □ Affiliate       \$204       Graduate       \$50         □ 2024 Graduate       \$129       □ 2023 Graduate       \$522         □ 2023 Graduate       \$50       □ 2022 Graduate       \$50         □ 2022 Graduate       \$522       □ 2022 Graduate       \$530         □ 2022 Graduate       \$522       □ 2021 Graduate       \$530         □ 2021 Graduate       \$522       □ Dental Student       \$50         □ pograde to Premium Plus Membership* (Add \$199 USD)       \$						
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Resident       \$22       Amiliate       \$30         Resident       \$0       \$224 Graduate       \$30         2022 Graduate       \$12       \$2023 Graduate       \$22         2022 Graduate       \$383       \$2022 Graduate       \$333         2021 Graduate       \$288       \$2021 Graduate       \$333         2021 Graduate       \$383       \$2021 Graduate       \$333         2021 Graduate       \$333       \$2021 Graduate       \$336         2021 Graduate       \$338       \$2021 Graduate       \$336         2021 Graduate       \$338       \$2021 Graduate       \$30         1. AGD Dues:       \$202 Graduate       \$30         Upgrade to Premium Plus Membership* (Add \$199 USD)       \$       \$         2. AGD Constituent Dues:       \$       \$       \$         3. AGD Component Dues:       \$       \$       \$         witwww.agd org/membership and dick JON TODAY.       \$       \$       \$         Nutitage or membership benefits.       \$       \$       \$       \$         Please sign this application and submit payment to:       \$       \$       \$       \$         Note: sign this application and submit payment to:       \$       \$       \$       \$		L Associate\$40	associate members.			
□ 2024 Graduate       \$96       □ 2024 Graduate       \$25         □ 2023 Graduate       \$192       □ 2023 Graduate       \$30         □ 2022 Graduate       \$383       □ 2022 Graduate       \$35         □ 2021 Graduate       \$222       □ 2023 Graduate       \$36         □ 2021 Graduate       \$383       □ 2022 Graduate       \$35         □ Dental Student       \$222       □ Dental Student       \$20         1. AGD Dues:       \$222       □ Dental Student       \$0         Deprade to Premium Plus Membership* (Add \$199 USD)       \$		• • •				
□ 2023 Graduate       \$192         □ 2022 Graduate       \$288         □ 2022 Graduate       \$383         □ 2021 Graduate       \$390         □ Dental Student       \$00         □ 0 pay with credit card, please apply online at agd.org/membership.         I dy u have any questions, please contact our Membership Services         Center at 888.243.3368.         □ Detai Student membership and click JOIN TODAY.         Suder and resident membership benefits.         Po Box 4451         CAROL STREAM, IL 60197-4451		□ 2024 Graduate \$25				
<ul> <li>2021 Graduate</li> <li>2021 Graduate</li></ul>		□ 2023 Graduate \$30				
□ Dental Student\$22   □ Dental Student\$22 □ Dental Student\$44   □ Dental Student\$22 □ Dental Student\$44   □ Dental Student\$22 □ Dental Student\$50   1. AGD Dues:		□ 2022 Graduate\$35				
<ul> <li>I. AGD Dues:</li></ul>	· · · · · · · · · · · · · · · · · · ·		Signature		Date	
1. AGD Dues:       \$		□ Dental Student\$0	÷			
Upgrade to Premium Plus Membership* (Add \$199 USD)       \$         2. AGD Constituent Dues:       \$         3. AGD Component Dues:       \$         1. Total Amount Enclosed:       \$         1. Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more.       \$         Visit www.agd.org/membership and click JOIN TODAY.       \$         Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full listing of membership benefits.       Please sign this application and submit payment to:         Por Hu US. Revenue Reconciliation Act of 1993, 81 percent of membership dues payment is allocable to the AGD's lobby-ing activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.       CAROL STREAM, IL 60197-4451		¢				
<ul> <li>2. AGD Constituent Dues:</li></ul>						
3. AGD Component Dues:       \$	If you have any questions, please contact our Men				bership Services	
Total Amount Enclosed:       \$			Center at 888.243.3	368.		
Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more. Visit www.agd.org/membership and click JOIN TODAY. Student and resident members are not eligible for Premium Plus Membership. Head to agd.org/membership to review a full listing of membership benefits. Per the U.S. Revenue Reconciliation Act of 1993, 81 percent of membership dues payment is allocable to the AGD's lobby- ing activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.	·					
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ing activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.		it of membership dues payment is allocable to the AGD's lobby-		60197-4451		
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