MEMBER INFORMATION	ON					
First name MI	Last name		Designation (e.g. DDS, DMD, BDS)		Primary Email address	
Do you currently hold a valid l	J.S./Canadian dental license?	□No □Y	es:		State/province	Date renewed (mm/yyyy)
Type of membership: (Check o	one.) 🗆 Active general dentis	st 🗆 Associ	ate (dental specialist)	□ Resider	nt 🛘 Dental student	☐ Affiliate
If you are not in general practi	ce, please indicate your specia	alty:				
Current dental practice enviro	nment: (Check one.) 🗆 Solo	☐ Associat	eship 🛮 Group practi	ice □ Hos	pital 🗆 Resident [☐ Corporate
☐ Other	□ Full-T	ime Faculty ₋	Please indicate institution	□	Federal Services	Please indicate branch
CONTACT INFORMATI	ON			Preferred	billing/mailing addre	ss: 🗆 Business 🗆 Home
Your AGD constituent is determined by your l	business 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 Cel	l phone	Alternate email		Date of Birth		
Dental school Are you a graduate of (or resi ☐ Yes ☐ No ☐ Currently er				provinces.		graduation (mm/yyyy) n 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 INFORMAT	ION					
Gender: ☐ Male ☐ Female	☐ Prefer not to disclose ☐	Not listed		1	am interested in part	icipating in the AGD Mentor
Ethnicity: American Indian	n □ Asian □ African-Americ	an □ Hispa	anic □ Caucasian □	Other N	Natch Program as a:	☐ Mentor ☐ Mentee
2025 AGD Dues	2025 New York Sta	te AGD	I hereby certify that a	II of the ab	ove information is co	rrect, and that by signing
Please check membership type applying for: □ Active General Dentist \$ □ Associate (Specialist) \$ □ Affiliate \$ □ Resident \$ □ 2024 Graduate \$ □ 2023 Graduate \$ □ 2022 Graduate \$	Constituent Dues 479 479 479 □ Active General Dentist	\$125 \$125 \$0 \$0 \$25 \$30	this application, I agr	ee to all ter	ms of membership ir	icluding completion of 75 ctive general dentist and
□ 2021 Graduate \$383 □ 2021 Graduate \$35 □ Dental Student \$35 □ Dental Student \$30 □ Dental		\$0	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			
AGD Constituent Dues: AGD Component Dues:	_		Center at 888.243.			·
Total Amount Enclosed:						
Individuals joining for 2025 from Oct. 1 to Dec. 31, 20 Visit www.agd.org/membership and click JOIN TODA Student and resident members are not eligible for Pro- listing of membership benefits.	Y.		Please sign this ACADEMY OF GEI PO BOX 4451			payment to:

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, 2025. Contact the AGD or visit agd.org for updated rates.