$Per the \ U.S. \ Revenue \ Reconciliation \ Act of 1993, 81 \ percent of membership \ dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.$

 ${\sf Dues\ rates\ effective\ through\ September\ 30,2025.\ Contact\ the\ AGD\ or\ visit\ agd.org\ for\ updated\ rates.}$

MEMBER INFORMA	NOITA						
First name M	11	Last name		Designation (e.g. DDS, DMD, BDS)		Primary Email address	
Do you currently hold a va	alid U.S./	Canadian dental li	cense? □ No □	Yes:			
Type of membership: (Ch	eck one) □ Active genera	al dentist □ Asso	License number	□ Resid	State/province	Date renewed (mm/yyyy)
If you are not in general p		_		roiato (aoritai oposianot,			/
Current dental practice er	•	•		atachia	+ioo 🗆 🗆	Jacobital D Basidant	□ Cornorate
					ilice 🗆 i		·
☐ Other			☐ Full-Time Facult	Y Please indicate institution		☐ Federal Services _	Please indicate branch
CONTACT INFORM	ATION	l			Preferre	ed billing/mailing addı	ress: 🗆 Business 🗆 Home
Your AGD constituent is determined by	y your busine	ss address, unless one is no	t available.				
usiness address		City	City		State/province ZIP/postal code		
Name of business (If applicable)					Phone	F	ax
Home address	Sis City		City		State/province ZIP/postal code		
Phone	Cell phor	ne	Alternate ema	Date of Birth			
Dental school Are you a graduate of (or Yes No Current			State/province ** U.S. or Canadia EGD	n postdoctoral progran Other	provin	al accreditation is given by COD. ces. **Accredited dental residen fficial proof of enrollment must l	of graduation (mm/yyyy) A in the U.S. and CDAC for all Canadian cies qualify for the resident membership be provided to AGD. The (mm/dd/yyyy) End date (mm/dd/yyyy)
			· ·				
OPTIONAL INFORM Gender: □ Male □ Ferenthicity: □ American In	male 🗆	Prefer not to discl			□ Other	•	rticipating in the AGD Mentor
2025 AGD Dues Please check membership type applying: □ Active General Dentist. □ Associate (Specialist). □ Affiliate	\$454 \$227 \$22 \$91 \$182 \$273	☐ Associate	_	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.			
Dental Student \$22 ☐ Student/Resident \$50 ☐ Student/Resident \$0 1. AGD Dues: \$ Upgrade to Premium Plus Membership* (Add \$199 USD) \$ 2. AGD Constituent Dues: \$ 3. AGD Component Dues: \$ Flotal Amount Enclosed: \$ midviduals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more.			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. Please sign this application and submit payment to:				
Visit www.agd.org/membership and click JOI Student and resident members are not eligib listing of membership benefits.			ACADEMY OF GE PO BOX 4451	ENERAL I	DENTISTRY		

CAROL STREAM, IL 60197-4451