

## **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 🛛	Yes: License number	State/province Date renewed (mm/yyyy)
Type of membership: (Check on	e.) 🛛 Active general dentist 🛛 Assoc	ciate (dental specialist) 🛛 Resi	dent 🛛 Dental student 🖓 Affiliate
If you are not in general practice	, please indicate your specialty:		
Current dental practice environn	nent: (Check one.) 🛛 Solo 🗆 Associa	ateship □Group practice □	Hospital 🗆 Resident 🗆 Corporate
□ Other	□ Full-Time Faculty	Please indicate institution	Federal Services Please indicate branch
CONTACT INFORMATIO	N	Preferr	ed billing/mailing address: 🛛 Business 🗇 Home
Your AGD constituent is determined by your busi	iness address, unless one is not available.		
Business address	City	State/prov	vince ZIP/postal code
Name of business (If applicable)		Phone	Fax
Home address	City	State/pro	vince ZIP/postal code
Phone Cell ph	one Alternate email	Date of Bi	rth
EDUCATIONAL INFORM	ATION Are you a graduate of	an accredited* U.S./Canadian d	ental school?
Dental school	State/province	Country	Date of graduation (mm/yyyy)
Are you a graduate of (or reside ☐ Yes ☐ No ☐ Currently enro	nt in) an accredited** U.S. or Canadiar Iled Type: □ AEGD □ GPR □ (	Other provi	ial accreditation is given by CODA in the U.S. and CDAC for all Canadian nces. **Accredited dental residencies qualify for the resident membership Official proof of enrollment must be provided to AGD.
Postdoctoral institution State/province		Country	Start date (mm/dd/yyyy) End date (mm/dd/yyyy)
	■ Prefer not to disclose  □ Not listed □ Asian  □ African-American  □ Hisp	oanic □ Caucasian □ Other	I am interested in participating in the AGD Mentor Match Program as a: □ Mentor □ Mentee
<b>2025 AGD Dues</b> Please check membership type applying for:     Active General Dentist     Associate (Specialist)     Affiliate     Resident     2024 Graduate     2022 Graduate     2022 Graduate	4   □ Active General Dentist\$50     7   □ Associate\$50     2   □ Affiliate\$0     1   □ 2024 Graduate\$0     2   □ 2023 Graduate\$50	this application, I agree to all	above information is correct, and that by signing terms of membership including completion of 75 n every three years for active general dentist and
□ 2021 Graduate\$36	<sup>3</sup> □ 2021 Graduate	Signature	Date
Dental Student		<b>Note:</b> 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.	
Individuals joining for 2025 from Oct. 1 to Dec. 31, 2024, enjoy membership through the end of 2024 for only \$100 more. Visit <i>www.agd.org/membership</i> and click JOIN TODAY. Student and resident members are not eligible for Premium Plus Membership. Head to <i>agd.org/membership</i> to review a full listing of membership benefits.		<b>Please sign this application and submit payment to:</b> ACADEMY OF GENERAL DENTISTRY PO BOX 4451 CAROL STREAM, IL 60197-4451	
	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.