



# 2026 AGD Membership Application

Join online at [agd.org](http://agd.org), or call us at 888.243.3368 or 312.440.4300.

PROMOTIONAL CODE: \_\_\_\_\_

## REFERRAL INFORMATION

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 \_\_\_\_\_

## MEMBER INFORMATION

First name	MI	Last name	Designation (e.g. DDS, DMD, BDS)	Primary Email address
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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 \_\_\_\_\_ ☐ Full-Time Faculty \_\_\_\_\_ ☐ Federal Services \_\_\_\_\_

Please indicate institution \_\_\_\_\_ Please indicate branch \_\_\_\_\_

## CONTACT INFORMATION Preferred billing/mailling address: ☐ Business ☐ Home

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

Business address	City	State/province	ZIP/postal code
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Name of business (if applicable) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home address	City	State/province	ZIP/postal code
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Phone \_\_\_\_\_ Cell phone \_\_\_\_\_ Alternate email \_\_\_\_\_

Date of Birth \_\_\_\_\_

## EDUCATIONAL INFORMATION

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

\*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.

Postdoctoral institution	State/province	Country	Start date (mm/dd/yyyy)	End date (mm/dd/yyyy)
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## OPTIONAL INFORMATION

Gender: ☐ Male ☐ Female ☐ Prefer not to disclose ☐ Not listed

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

## DUES INFORMATION

Please check membership type applying for to determine Headquarter dues::

	U.S./ International	Canada/Puerto Rico (in U.S. dollars)
<input type="checkbox"/> Active General Dentist	\$496	\$471
<input type="checkbox"/> Associate	496	471
<input type="checkbox"/> Affiliate	248	236
<input type="checkbox"/> Resident	22	22
<input type="checkbox"/> 2025 Graduate	99	94
<input type="checkbox"/> 2024 Graduate	198	188
<input type="checkbox"/> 2023 Graduate	288	283
<input type="checkbox"/> 2022 Graduate	397	377
<input type="checkbox"/> Dental Student	22	22

1. AGD Dues: \_\_\_\_\_ \$ \_\_\_\_\_

Upgrade to Premium Plus Membership\* (Add \$199 USD) \$ \_\_\_\_\_

2. AGD Constituent Dues: \_\_\_\_\_ \$ \_\_\_\_\_

3. AGD Component Dues: \_\_\_\_\_ \$ \_\_\_\_\_

Please refer to back side for constituent and component dues.

Total Amount Enclosed: \_\_\_\_\_ \$ \_\_\_\_\_

Dues rates effective through September 30, 2026

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 \_\_\_\_\_

**Note:** Check payment is required with hard copy applications.  
To pay with credit card, please apply online at [agd.org/membership](http://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:**  
ACADEMY OF GENERAL DENTISTRY  
PO BOX 4451  
CAROL STREAM, IL 60197-4451

# 1 Find the membership category and corresponding dues amount that applies to you.

## Active General Dentist

Dentists who graduated from an accredited GPR or AEGD in the U.S. or Canada, or who hold a license to practice dentistry in any state or territory in the U.S. or province of Canada. International dentists (residing outside of the U.S. and Canada) who are licensed to practice in their country of residence are also eligible.

## Resident

Dentists currently enrolled in an accredited advanced dental education program in the U.S. or Canada. Other types of programs (e.g., postdoctoral, masters) do not qualify for the residency discount. Proof of residency enrollment needs to be provided to the AGD on official program letterhead.

## Premium Plus

Premium Plus is designed for the practice owner, members seeking great value on CE opportunities, or members in the process of acquiring Fellowship or Mastership with AGD.

Student and Resident members are not eligible to upgrade to premium plus. For more information, visit [agd.org/membership](https://www.agd.org/membership).

# 2 Find your constituent and corresponding dues amount.

AGD constituent and component dues are determined by practice, dental school, residency location, or branch of the U.S. federal services. If none of these applies to you, your constituent will be determined by your home address. Constituent and component dues support local AGD activities and are required.

	Regular	First-Year Dental School Grad		Regular	First-Year Dental School Grad
<b>U.S. Federal Services:</b>					
U.S. Air Force.....	\$20	\$20	North Carolina.....	\$120	\$21
U.S. Army.....	35	35	North Dakota.....	30	30
U.S. Navy.....	20	0	Ohio.....	45	45
U.S. Public Health.....	20	20	Oklahoma.....	30	30
Veterans Administration.....	20	10	Oregon.....	230	25
<b>United States:</b>					
Alabama.....	120	55	Pennsylvania.....	189	38
Alaska**.....	50	35	Puerto Rico.....	15	0
Arizona.....	45	45	Rhode Island.....	35	25
Arkansas**.....	45	0	South Carolina.....	99	25
California.....	250	50	South Dakota.....	50	15
<i>Component</i>			Tennessee.....	85	85
Northern California.....	64		Texas**.....	276	107
Sacramento Sierra.....	64		<i>Component</i>		
San Diego.....	64		Brazos Valley.....	40	
Southern California.....	70		Greater Austin (Formerly		
Colorado.....	45	15	Central Texas).....	50	
Connecticut.....	15	15	Dallas.....	50	
Delaware.....	41	0	Rio Grande Valley.....	40	
District of Columbia**.....	95	55	El Paso.....	10	
Florida.....	105	21	Fort Worth.....	49	
<i>Component</i>			Houston.....	53	
Central.....	45		San Antonio.....	55	
Gold Coast.....	30		South Texas.....	35	
Northeast.....	15		West Texas.....	40	
Northwest.....	5		Utah.....	45	45
Southeast.....	10		Vermont.....	35	0
Tampa.....	40		Virginia.....	77	34
Georgia.....	110	55	Washington.....	210	0
Hawaii.....	40	40	West Virginia.....	25	0
Idaho**.....	80	40	Wisconsin.....	50	0
Illinois.....	110	0	Wyoming.....	15	15
Indiana.....	60	15	<b>Canada (in U.S. dollars):</b>		
Iowa.....	105	10	Alberta.....	0	0
Kansas.....	55	8	Atlantic Provinces.....	46	0
Kentucky.....	49	10	<i>New Brunswick, Newfoundland,</i>		
Louisiana.....	48	10	<i>Nova Scotia, Prince Edward Island</i>		
Maine.....	30	25	British Columbia.....	0	0
Maryland.....	85	25	Ontario.....	75	75
Massachusetts.....	36	11	Quebec.....	50	0
Michigan.....	50	25	<b>International.....</b>		
Minnesota.....	95	25		0	0
Mississippi**.....	30	20	<b>Unorganized (no local constituent):</b>		
Missouri.....	50	5	Canal Zone.....	0	0
Montana.....	15	15	Civil Service.....	0	0
Nebraska.....	105	15	Manitoba.....	0	0
Nevada**.....	45	0	Northwest Territories.....	0	0
New Hampshire.....	40	30	Peace Corps.....	0	0
New Jersey**.....	115	25	Saskatchewan.....	0	0
New Mexico.....	55	25	Virgin Islands.....	0	0
New York**.....	130	25			

\*\*This constituent offers additional membership dues discounts for recent graduates. 2022 - 2024 dental school graduates, visit <https://www.agd.org/dues-calculator> for more information. For information on AGD component locations in California, Florida, and Texas, please contact the AGD Membership Services Center at 888.243.3368 or 312.440.4300.

## READ THE FINE PRINT

### Dues Information

Individuals joining July 1 to Sept. 30, 2026, pay half the annual headquarters membership dues. Half-year dues do not apply to student, resident, first-year graduate, or affiliate member types, or to constituent/component dues.

Individuals joining from Oct. 1 to Dec. 31, 2025, enjoy membership through the end of 2026. Paid dues will be applied to the upcoming year.

### U.S. Tax Information

The U.S. Revenue Reconciliation Act of 1993 requires the AGD to notify you that a portion of your membership dues payment (.81 percent) is not deductible as a business expense because it is allocable to lobbying activities of the organization. For more detailed information, please check with your accountant or tax advisor.

### AGD Organizational Information

The AGD adheres to and abides by the American Dental Association's (ADA) Code of Ethics. The AGD advocates membership in all aspects of organized dentistry and encourages its members to join the ADA, NDA, or CDA, and other dental organizations.

### AGD Privacy Information

The AGD knows that you value your privacy, and we appreciate your trust. The AGD treats the handling of your personal information very seriously. To that end, the AGD has systems and procedures in place to protect your privacy when handling your personal information.

The AGD does not collect personal information unless it is necessary for the AGD to perform one or more of its functions and activities. On occasion, some of this personal information may be sensitive, and the AGD will only collect it with your consent or when required to by law.

In accordance with the Canadian Personal Information and Electronic Documents Act (PIPEDA), the AGD does not share personal information other than name, preferred address, and phone number for commercial purposes.

To remove yourself from any third-party mailing lists, contact the AGD Membership Services Center at 888.243.3368 or 312.440.4300.