



**Academy**  
of General Dentistry™

# 2011 Academy of General Dentistry Membership Application

For more information:  
Call us toll-free: **888.AGD.DENT (888.243.3368)**  
Or join online: [www.agd.org](http://www.agd.org)

Promotional code: \_\_\_\_\_

### Referral Information

If you were referred to the AGD by a current member, please note information below:

Member's Name \_\_\_\_\_

City, State/Province, or Federal Services Branch \_\_\_\_\_

## Member Information

First name \_\_\_\_\_ MI \_\_\_\_\_ Last name \_\_\_\_\_ Designation \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
(e.g. DDS, DMD, BDS) *Required for access to the members-only AGD website*

Do you currently hold a valid U.S./Canadian dental license?  Yes  No License number \_\_\_\_\_ State/Province \_\_\_\_\_ Date renewed (mm/yyyy) \_\_\_\_\_

Type of membership (See back page for definitions): (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  Other \_\_\_\_\_

Faculty \_\_\_\_\_ Please indicate institution \_\_\_\_\_  Federal Services \_\_\_\_\_ Please indicate branch \_\_\_\_\_

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent:  U.S. Military counterpart  Local Canadian constituent

## Contact Information

Your AGD constituent (local chapter) is determined by your business address, unless one is not available.

Preferred billing/mailling address:  Business  Home  
Preferred method of contact:  E-mail  Mail  Phone

Business address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Name of business (If applicable) \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ ZIP/Postal code \_\_\_\_\_

Phone \_\_\_\_\_ Primary e-mail \_\_\_\_\_ Website address \_\_\_\_\_

## Educational Information

Are you a graduate of an accredited\* U.S./Canadian dental school?  Yes  No  Currently enrolled

Dental school \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Date of graduation (mm/yyyy) \_\_\_\_\_

Are you a graduate of (or resident in) an accredited\* U.S. or Canadian post-doctoral program?  Yes  No  Currently enrolled Type:  AEGD  GPR  Other \_\_\_\_\_

Post-doctoral institution \_\_\_\_\_ State \_\_\_\_\_ Start date (mm/dd/yyyy) \_\_\_\_\_ End date (mm/dd/yyyy) \_\_\_\_\_

\*See back of form.  
For information on qualifying for the residency dues discount, please refer to the description on the back.

## Optional Information

Gender  Male  Female

Ethnicity  American Indian  Asian  African-American  Hispanic  Caucasian  Other

Are you interested in becoming one of the following?  Mentor  Mentee

## Dues Information

Please check membership type applying for:

	U.S.	Canada (in Canadian dollars)	Puerto Rico
<input type="checkbox"/> Active General Dentist	\$354.00	\$304.00	\$296.00
<input type="checkbox"/> Associate	354.00	304.00	296.00
<input type="checkbox"/> Affiliate	177.00	152.00	148.00
<input type="checkbox"/> Resident	71.00	61.00	59.00
<input type="checkbox"/> 2010 Graduate	71.00	61.00	59.00
<input type="checkbox"/> 2009 Graduate	142.00	121.00	118.00
<input type="checkbox"/> 2008 Graduate	212.00	183.00	178.00
<input type="checkbox"/> 2007 Graduate	283.00	243.00	237.00
<input type="checkbox"/> Student	16.00	16.00	16.00

1. AGD Headquarters Dues..... \_\_\_\_\_

2. AGD Constituent Dues ..... \_\_\_\_\_

*Please refer to back side for constituent dues*

Total Amount Enclosed:..... \_\_\_\_\_

## Payment

Check (Enclosed)  
 VISA  MasterCard  American Express  Diners Club  Discover

Note: Payments for Canadian members can only be accepted via VISA, MasterCard, or check.

\_\_\_\_\_  
Expiration date \_\_\_\_\_ Please print name as it appears on the card

I hereby certify that all of the above information is correct, and that by signing this application 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 \_\_\_\_\_

Return this application with your payment to: Academy of General Dentistry,  
211 E. Chicago Ave., Ste. 900, Chicago, IL 60611-1999  
For applicants paying with credit cards, fax to: 312.335.3443 (secure fax number)

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

## Active General Dentist

Dentists who graduated from an accredited school of Dentistry more than four years ago, or who successfully completed an accredited general practice residency (GPR) or advanced education in general dentistry (AEGD) program 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. Dentists who are practicing in a country outside the U.S. or Canada are eligible for active general dentist membership if they meet these criteria.

## Associate

Dentists who are graduates of accredited dental schools or hold a license to practice dentistry in any state or territory in the U.S. or province of Canada but are practicing as specialists rather than as general dentists.

## Affiliate

All persons not eligible for any other type of membership in the AGD but who support the aims and objectives of the organization.

*In recognition of the financial challenges faced by students and recent graduates, the AGD provides reduced annual dues for the following membership categories:*

## Recent Graduate

Dentists who have graduated in the past four years from an accredited dental school in the U.S. or Canada.

## Resident

Dentists currently enrolled in an accredited advanced education in general dentistry (AEGD) or general practice residency (GPR) in the U.S. or Canada. Other types of residencies (e.g., post-doctorate, masters) do not qualify for the residency discount. Proof of residency enrollment needs to be provided to the AGD on official program letterhead. Upon completion of a qualifying residency program, AGD members who submit proper verification may qualify for up to 150 hours of continuing education credits toward pursuit of the AGD Fellowship Award.

## Dental Student

A pre-doctoral student of an accredited dental school in the U.S. or Canada.

*Official accreditation is given by the Council on Dental Accreditation (CODA) in the U.S. and the Council on Dental Accreditation in Canada (CDAC) for all Canadian provinces.*

## Annual AGD Headquarter Dues

	U.S.	Canada (in Canadian dollars)	Puerto Rico
Active General Dentist	\$354.00	\$304.00	\$296.00
Associate	354.00	304.00	296.00
Affiliate	177.00	152.00	148.00
Resident	71.00	61.00	59.00
2010 Graduate	71.00	61.00	59.00
2009 Graduate	142.00	121.00	118.00
2008 Graduate	212.00	183.00	178.00
2007 Graduate	283.00	243.00	237.00
Student	16.00	16.00	16.00

# 2 Find your constituent and corresponding dues amount.

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

	Regular	First Year Dental School Grad	Regular	First Year Dental School Grad
<b>Federal Services:</b>				
U.S. Air Force.....	\$15	\$15	New York**.....	100
U.S. Army .....	15	15	North Carolina .....	65
U.S. Navy .....	20	20	North Dakota .....	23
U.S. Public Health .....	15	15	Ohio .....	45
Veterans Administration .....	14	14	Oklahoma.....	30
<b>United States:</b>				
Alabama .....	49	0	Oregon.....	75
Alaska .....	50	24	Pennsylvania.....	95
Arizona .....	35	35	Puerto Rico.....	15
Arkansas .....	45	10	Rhode Island.....	20
California.....	95	5	South Carolina.....	60
Colorado .....	40	10	South Dakota.....	35
Connecticut.....	15	10	Tennessee .....	65
Delaware.....	20	10	Texas** .....	182
District of Columbia.....	75	35	Utah .....	45
Florida .....	70	15	Vermont .....	25
Georgia .....	79	25	Virginia.....	52
Hawaii .....	40	40	Washington .....	75
Idaho.....	30	25	West Virginia.....	25
Illinois.....	39	0	Wisconsin .....	35
Indiana .....	50	15	Wyoming.....	15
Iowa .....	80	10	<b>Canada (In Canadian dollars):</b>	
Kansas .....	55	8	Alberta.....	50
Kentucky .....	40	5	Atlantic Provinces .....	50
Louisiana .....	48	10	New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island	
Maine.....	20	15	British Columbia .....	50
Maryland.....	60	25	Ontario.....	50
Massachusetts.....	36	10	Quebec .....	50
Michigan**.....	45	25	<b>Unorganized (No local constituent):</b>	
Minnesota .....	100	15	Canal Zone.....	0
Mississippi .....	30	20	Civil Service.....	0
Missouri.....	50	5	International.....	0
Montana.....	50	50	Manitoba.....	0
Nebraska .....	55	15	Northwest Territories .....	0
Nevada.....	40	25	Peace Corps.....	0
New Hampshire.....	20	20	Saskatchewan .....	0
New Jersey.....	65	10	Virgin Islands .....	0
New Mexico .....	50	20		

\*\*Recent graduates and residents in Michigan pay \$25. Recent graduates and residents in New York pay \$20 constituent dues. Texas members joining July 1 through Sept. 30 pay only \$91.00 in constituent dues. Recent graduates in Texas pay reduced fees as follows: \$70 (1st year out/Residents); \$102 (2nd year out); \$143 (3rd year out). For information on AGD component dues in California, Indiana, Florida, and Texas, please contact the Membership Services Center at 888.AGD.DENT (888.243.3368).

## Read the fine print

### Dues Information

Individuals joining between July 1 and Sept. 30, 2011, pay one-half the annual Headquarters membership dues. Half-year dues do not apply to student, resident, or recent graduate member types or constituent/component dues.

Individuals joining between Oct. 1 and Dec. 31, 2010, enjoy membership through the end of 2011. Paid dues will be applied to the upcoming year.

### Tax Information

The Revenue Reconciliation Act of 1993 requires the AGD to notify you that a portion of your membership dues payment (1.5 percent) is not deductible as a business expense because it is allocable to lobbying activities of the organization. For members of the Texas AGD constituent, 10.0 percent of the constituent membership dues is not deductible as it is allocable to lobbying activities of the Texas AGD. 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 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, or for more information, visit or contact the Membership Services Center at 888.AGD.DENT (888.243.3368).