Academy of General Dentistry™

Ontario Academy of General Dentistry

2012 AGD & Ontario AGD Membership Application

For more information:
Call us toll-free: **888.AGD.DENT (888.243.3368)**
Or join online: *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 (e.g. DDS, DMD, BDS) | Date of birth (mm/dd/yyyy) *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: (check one) ❑ Active general dentist ❑ Active general dentist (Recent graduate in the last four years) ❑ Associate ❑ Resident ❑ Dental student ❑ Affiliate

If you are not in general practice, please indicate your specialty: _____

Current practice environment: (Check one) ❑ Solo ❑ Associateship ❑ Group practice ❑ Hospital ❑ Resident ❑ Corporate ❑ 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 is determined by your business address, unless one is not available.)

Preferred billing/mailing address: ❑ Business ❑ Home
Preferred method of contact: ❑ Email ❑ Mail ❑ Phone ❑ Text

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 email | 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 | Begin date (mm/dd/yyyy) | End date (mm/dd/yyyy)

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

**Official accreditation is given by CODA in the U.S and CDAC in Canada.*

*** Accredited AEGD or GPR residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.*

AGD Privacy Information
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.

2012 AGD Headquarters Dues

All amounts in Canadian dollars.
Please check membership type applying for:

❑ Active General Dentist	$288.00
❑ Associate (Specialist)	$288.00
❑ Affiliate	$144.00
❑ 2011 Graduate/ Current Resident	$57.00
❑ 2010 Graduate	$115.00
❑ 2009 Graduate	$173.00
❑ 2008 Graduate	$231.00
❑ Dental Student	$16.00

2012 Ontario AGD Constituent Dues

Active General Dentist	$50.00
Associate	$50.00
Affiliate	$0.00
2011 Graduate/ Current Resident	$50.00
2010 Graduate	$50.00
2009 Graduate	$50.00
2008 Graduate	$50.00
Dental Student	$0.00

AGD Headquarters Dues (See above rates) ..... _____
Ontario Constituent Dues (See above rates)..... _____
Total Amount Enclosed:..... _____

Individuals joining 7/1–9/30 pay half the annual headquarters membership dues. (Does not apply to student, resident, or first year graduate members). Individuals joining 10/1–12/31/11 enjoy membership through the end of 2012. Paid dues will be applied to the upcoming year.

Dues rates effective until 9/30/12. Contact the AGD or visit *www.agd.org* for updated rates.

Payment

❑ Check (Enclosed) ❑ VISA ❑ MasterCard
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)