2010 GENERAL MEMBERSHIP APPLICATION

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

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

Your Information

First Name | MI | Last Name | (Preferred Name) | Date of Birth (mm/dd/yyyy)
Required for access to the members-only AGD Web site

PREFERRED MAILING ADDRESS ❑ Professional ❑ Home *(Your AGD constituent is determined by your professional address, unless one is not available.)*

GENDER ❑ Male ❑ Female **ETHNICITY** (Optional) ❑ American Indian ❑ Asian ❑ African-American ❑ Hispanic ❑ Caucasian ❑ Other

HOW DID YOU HEAR ABOUT US? ❑ AGD Member (please indicate name and constituent in the above box) ❑ AGD Web site ❑ AGD Constituent ❑ Newsletter
❑ Advertisement ❑ Mailing ❑ Dental Meeting ❑ Other_____

AGD Privacy Information
The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to performing one or more of its functions and activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit www.agd.org, or contact the Membership Services Center at 888.AGD.DENT (888.243.3368).

Professional Information

NAME OF BUSINESS (If applicable) | Web site

Street Address | City | State | ZIP

Phone | Fax | E-mail

DO YOU HAVE A VALID U.S./CANADIAN DENTAL LICENSE? ❑ Yes ❑ No Date Received (mm/dd/yyyy)_____ License #_____

If you are not in general practice, what is your specialty? _____

Which best describes your current practice environment? (Check one) ❑ Solo ❑ Associateship ❑ Group Practice ❑ Hospital ❑ Resident ❑ Other_____

❑ Faculty _____ Please Indicate Institution ❑ Federal Services _____ Please Indicate Branch

Home Address

Street Address | City | State | ZIP

Phone | Fax | E-mail

Educational Profile

Dental School _____ Degree Obtained ❑ DDS ❑ DMD ❑ BDS ❑ Other_____

Graduation Date (mm/yyyy) _____ Are you a graduate of (or resident in) an accredited U.S. or Canadian post-doctoral program? ❑ Yes ❑ No

Post-doctoral Institution | Begin Date (mm/dd/yyyy) | End Date (mm/dd/yyyy)

2010 AGD Headquarter Dues

Please check membership type applying for:

- ❑ Active General Dentist $347.00
- ❑ Associates (Specialists).....$347.00
- ❑ Dental Students*.....$16.00
  **Students do not pay AGD Constituent dues.*
- ❑ 1st Year Graduate/ Current Resident.....$70.00
- ❑ 2nd Year Grad.....$139.00
- ❑ 3rd Year Grad.....$208.00
- ❑ 4th Year Grad.....$278.00
- ❑ Affiliate.....$174.00

2010 Washington AGD Constituent Dues

Please check membership type applying for:

- ❑ 1st Year Graduate/ Current Resident.....$15.00
- ❑ 2nd Year Grad.....$65.00
- ❑ 3rd Year Grad.....$65.00
- ❑ 4th Year Grad.....$65.00
- ❑ Regular Active/Associates $65.00

AGD Headquarter Dues (See above rates) ..... _____

Washington 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/ 1–12/31/10 enjoy membership through the end of 2011. Paid dues will be applied to the upcoming year.

Per the Revenue Reconciliation Act of 1993, 1.2% 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 advisor for detailed information.

Payment

❑ Check (Enclosed)
❑ VISA ❑ MasterCard ❑ American Express ❑ Diners Club ❑ Discover

Expiration Date

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 East Chicago Avenue, Suite 900, Chicago, IL 60611-1999

For applicants paying with credit cards, fax to: 312.335.3443