



2012 AGD & Washington 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/mailling 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 _____ Start 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

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).

2012 AGD Headquarters Dues

Please check membership type applying for:

- Active General Dentist\$354.00
- Associate (Specialist)\$354.00
- Affiliate.....\$177.00
- 2011 Graduate/
Current Resident.....\$71.00
- 2010 Graduate.....\$142.00
- 2009 Graduate.....\$212.00
- 2008 Graduate.....\$283.00
- Dental Student.....\$16.00

2012 Washington AGD Constituent Dues

- Active General Dentist\$75.00
- Associate.....\$75.00
- Affiliate\$0.00
- 2011 Graduate/
Current Resident.....\$16.00
- 2010 Graduate\$75.00
- 2009 Graduate\$75.00
- 2008 Graduate\$75.00
- Dental Student\$0.00

AGD Headquarters 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 10/1-12/31/11 enjoy membership through the end of 2012. Paid dues will be applied to the upcoming year.

Per the Revenue Reconciliation Act of 1993, 1.2 percent 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.

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

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)