ACADEMY of GENERAL DENTISTRY®

2027 AGD Membership Application

Join online at 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

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 _____ (Please indicate institution) ☐ Federal Services _____ (Please indicate branch)

CONTACT INFORMATION

Preferred billing/mailing 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

Name of business (If applicable) | Phone | Fax

Home address | City | State/province | ZIP/postal code

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)

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)

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.	Canada (in U.S. dollars)	Puerto Rico
☐ Active General Dentist	$528	$390	$503
☐ Associate	528	390	503
☐ Affiliate	273	208	270
☐ Resident	22	22	22
☐ 2026 Graduate	120	92	115
☐ 2025 Graduate	222	167	212
☐ 2024 Graduate	324	241	309
☐ 2023 Graduate	426	316	406
☐ Dental Student	22	22	22
☐ International Dentist	273		

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: $_____

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. 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

Dues rates effective through September 30, 2027

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*.

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
U.S. Federal Services:		
U.S. Air Force	$20	$20
U.S. Army	35	35
U.S. Navy	20	0
U.S. Public Health	20	20
Veterans Administration	20	10
United States:		
Alabama	120	55
Alaska**	50	35
Arizona	45	45
Arkansas**	45	0
California	250	50
Component		
Northern California	64	
Sacramento Sierra	64	
San Diego	64	
Southern California	74	
Colorado	45	15
Connecticut	25	25
Delaware	41	0
District of Columbia**	95	55
Florida	105	21
Component		
Central	45	
Gold Coast	30	
Northeast	15	
Northwest	5	
Southeast	10	
Tampa	40	
Georgia	110	55
Hawaii	40	40
Idaho**	80	40
Illinois	110	0
Indiana	60	15
Iowa	105	10
Kansas	55	8
Kentucky	49	10
Louisiana	48	10
Maine	30	25
Maryland	85	25
Massachusetts	36	11
Michigan	50	25
Minnesota	95	25
Mississippi**	30	20
Missouri	50	5
Montana	15	15
Nebraska	105	15
Nevada**	45	0
New Hampshire	40	30
New Jersey**	115	25
New Mexico	55	25
New York**	130	25
North Carolina	$120	$21
North Dakota	30	30
Ohio	45	45
Oklahoma	30	30
Oregon	230	25
Pennsylvania	189	38
Puerto Rico	15	0
Rhode Island	35	25
South Carolina	99	25
South Dakota	50	15
Tennessee	85	85
Texas**	284	107
Component		
Brazos Valley	40	
Greater Austin	75	
Dallas	50	
Rio Grande Valley	40	
El Paso	10	
Fort Worth	50	
Houston	53	
San Antonio	57	
South Texas	35	
West Texas	40	
Utah	45	45
Vermont	35	0
Virginia	79	34
Washington	220	0
West Virginia	25	0
Wisconsin	50	0
Wyoming	15	15
Canada (in U.S. dollars)**:**		
Alberta	0	0
Atlantic Provinces	46	0
New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island		
British Columbia	0	0
Ontario	75	75
Quebec	50	0
International	0	0
Unorganized (no local constituent)**:**		
Canal Zone	0	0
Civil Service	0	0
Manitoba	0	0
Northwest Territories	0	0
Peace Corps	0	0
Saskatchewan	0	0
Virgin Islands	0	0

**This constituent offers additional membership dues discounts. If you are a 2023-2025 graduate of an accredited dental school or residency, or if you are a full-time or part-time dental school faculty member, visit the AGD Dues Calculator online at https://www.agd.org/dues-calculator for more information. Residents of California, Florida, and Texas, visit the AGD Dues Calculator for information on AGD component locations and dues.

READ THE FINE PRINT

Dues Information
Individuals Individuals joining July 1 to Sept. 30, 2027, 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, 2026, enjoy membership through the end of 2027. 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 (6.36 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.