2027 AGD Resident Membership Application

Join online at *agd.org,* or call us at 888.243.3368 or 312.440.4300.

MEMBER INFORMATION

First name | MI | Last name | Permanent email address
Required for access to the members-only sections of the AGD website

CONTACT INFORMATION

Your AGD constituent is determined by your dental school location.

Preferred method of contact: Email Mail Phone

Home address (permanent) | City | State/province | ZIP/postal code | Country

Phone | Cell | School email | Date of birth (mm/dd/yyy)

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

Stay Social With the AGD!
Search "Academy of General Dentistry" to connect with us on:

READ THE FINE PRINT

Dues Information
Individuals joining July 1 to Dec. 31, 2026, enjoy membership through the end of 2027. Paid dues will be applied to the upcoming year.

*Students in their first year of dental school can save 20% by purchasing a 4-year student membership for only $71.

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.

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 ASDA, the ADA, the NDA, or the 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 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.

DUES INFORMATION (in U.S. dollars)

1. AGD Dues: $22
2. AGD Constituent Dues: $0
3. AGD Component Dues: $0

Student members are exempt from paying constituent and component dues.

TOTAL AMOUNT ENCLOSED: ..... $_____

Dues rates effective through September 30, 2027.

I hereby certify that all of the above information is correct, and that by signing this application, I agree to all terms of membership.

Signature | Date

Note:
Paper application must be accompanied by proof of residency.
Please provide a letter from the director of the residency program on official letterhead verifying that you are enrolled. The letter must contain the name of the institution, type of residency in which you are currently enrolled, and the start and end dates of your residency. 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