

2024 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		

irst name	MI	Last name		Designation (e.g. DDS, DMD, BDS)	Pri	imary Email address		
Do you currently hold a	valid U.S./	Canadian dental l	icense? □ No □	Yes:				
· , · · · · · , · · · ·				License number	Sta	ate/province	Date ren	ewed (mm/yyyy)
Type of membership: (Ch	heck one.)	☐ Active gener	al dentist 🛮 Assoc	ciate (dental specialist)	☐ Resident	□ Dental student	☐ Affiliate	
f you are not in general	practice, p	olease indicate yo	ur specialty:					
Current dental practice e	environme	nt: (Check one.)	□ Solo □ Associa	teship 🛮 Group prad	ctice 🗆 Hospit	al □ Resident □	☐ Corporate	
☐ Other			☐ Full-Time Facult	V	□ F	ederal Services		
				Please indicate institution				licate branch
CONTACT INFORM	/IATION				Preferred bi	lling/mailing addre	ss: 🗆 Busir	ness 🗆 Home
Your AGD constituent is determined	l by your busine	ess address, unless one is	not available.					
Business address			City		State/province	ZII	P/postal code	
Name of business (If applicable)					Phone	Fa	ax	
Home address			City		State/province	ZII	P/postal code	
Phone	Cell p	hone	Alternate ema	il	Date of Birth		,	
EDUCATIONAL INI	FORMA [*]	TION A	re you a graduate o	of an accredited* U.S./	Canadian dental	school? 🗆 Yes	□No □C	urrently enrolled
Dental school			C+-+-/		Country	Dete		
			State/province		Country		of graduation (mm	
Are you a graduate of (o □ Yes □ No □ Curre		•			provinces. **	editation is given by CODA Accredited dental residenc proof of enrollment must b	ies qualify for the	resident membership
Postdoctoral institution			State/province	•	Country	Start date	e (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/Puerto Rico ☐ Active General International (in U.S. dollars) \$438 Dentist..... \$463 ☐ Associate.... 463 438 ☐ Affiliate.... 232 219 ☐ Resident21 .21 □ 2023 Graduate.... .93 .88 185 175 □ 2022 Graduate... □ 2021 Graduate... 278 263 □ 2020 Graduate..... 370 350 ..21 21 □ Dental Student..... 1. AGD Dues: ... Upgrade to Premium Plus Membership* (Add \$158 USD) \$_

2. AGD Constituent Dues: ...

3. AGD Component Dues:

Please refer to back side for constituent and component dues.

Dues rates effective through September 30, 2024

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

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.

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		Regular	First-Year Dental School Grad
U.S. Federal Services:	regulai	School Grad		•	
U.S. Air Force	\$15	\$15	North Dakota		
U.S. Army	30	30	Ohio		
U.S. Navy	20	10	Oklahoma		
U.S. Public Health	18	18	Oregon	220	5
Veterans Administration	14	14	Pennsylvania	179	45
veteraris Administration	1 - 7		Puertó Rico	15	0
United States:			Rhode Island		
Alabama	110	55	South Carolina		
Alaska	50	30	South Dakota	50	15
Arizona			Tennessee	85	25
Arkansas			Texas**	268	104
California			Component		
Colorado			Brazos Valley	40	
Connecticut			Greater Austin (Form	erlv	
Delaware			Central Texas)	50	
District of Columbia			Dallas		
Florida	05	20	Rio Grande Valley	40	
Component	7 3	20	El Paso	10	
Central	45		Fort Worth	49	
Gold Coast			Houston		
Northeast			San Antonio		
Northwest			South Texas	35	
Southeast			West Texas		
			Utah		25
Tampa	30	25	Vermont		
Georgia	95	25	Virginia		
Hawaii			Washington		
Idaho			West Virginia		
Illinois			Wisconsin		
Indiana	60	15	Wyoming	30	
Component	0.5				IJ
First District	25		Canada (in U.S. dollars)		
lowa	95	10	Alberta		
Kansas	55	8	Atlantic Provinces	46	0
Kentucky			New Brunswick, Nev	wfoundland,	,
Louisiana			Nova Scotia, Prince	Edward Isla	nd
Maine			British Columbia	0	0
Maryland			Ontario	50	0
Massachusetts	36	11	Quebec	50	0
Michigan	50	25			
Minnesota	95	25			
Mississippi	30	20	International	0	0
Missouri	50	5			
Montana	85	75	Unorganized (no local of	constituent)	:
Nebraska			Canal Zone	0	0
Nevada	40	25	Civil Service		
New Hampshire	35	25	Manitoba		
New Jersey**	110	20	Northwest Territories		
New Mexico	55	25	Peace Corps		
New York**			Saskatchewan		
North Carolina			Virgin Islands		
		······	virgin islands	0	

**Recent graduates in New York pay \$20 constituent dues. Texas members joining July 1 through Sept. 30 pay \$125 in constituent dues. Recent graduates in Texas pay reduced constituent dues as follows: \$0 (resident); \$104 (2023 graduate); \$146 (2022 graduate); \$201 (2021 graduate); \$251 (2020 graduate). Recent graduates in New Jersey pay reduced constituent dues as follows: \$20 (2023 graduate); \$40 (2022 graduate); \$60 (2021 graduate); \$80 (2020 graduate).

For information on AGD component locations in California, Indiana, Florida, and Texas, please contact the AGD Membership Services Center at 888.243.3368 or 312.440.4300.

READ THE FINE PRINT

Dues Information

Individuals Individuals joining July 1 to Sept. 30, 2024, 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 Oct. 1 to Dec. 31, 2023, enjoy membership through the end of 2024. 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 (.81 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.