

2026 AGD Student Membership Application Join online at *agd.org*, or call us at 888.243.3368 or 312.440.4300.

Documents Act (PIPEDA), the AGD does not share personal

for commercial purposes.

information other than name, preferred address, and phone number

AGD Membership Services Center at 888.243.3368 or 312.440.4300.

To remove yourself from any third-party mailing lists, contact the

MEMBER INFORMATION						
First name	MI Last name				rmanent email address quired for access to the memb	bers-only sections of the AGD website
CONTACT INFOR Your AGD constituent is	MATION determined by your der	ital school location.	Preferred method of	f contact: Ema	ail Mail Phoi	ne
Home address (permanent)		City		State/province	ZIP/pos	tal code Country
Phone	Cell	School emai	il	D	Pate of birth (mm/dd/yyy)	
EDUCATIONAL II	NFORMATION					
	lled in an accredited U. enrolled in a dental sch			Official accreditati	ion is given by CODA in the U.S.	and CDAC for all Canadian provinces.
Dental school	City	State/provin	ce	Country	Anticipated	graduation date (mm/yyyy)
	RMATION Female □ Prefer not to n Indian □ Asian □ A			Search with us	•	ral Dentistry" to connect You Tube
READ THE FINE PRINT Dues Information Individuals joining July 1 to Dec. 31, 2025, enjoy membership through the end of 2026. 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.			OR	Jes:	/ears)*	
			2. AGD Constituen 3. AGD Componer	t Dues: nt Dues:	g constituent and compo	\$0 \$0
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.			TOTAL AMOUNT ENCLOSED: \$ Dues rates effective through September 30, 2026.			
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.			I hereby certify that all of the above information is correct, and that by signing this application, I agree to all terms of membership.			
The AGD knows that yo trust. The AGD treats th seriously. To that end, t	GD Privacy Information ne AGD knows that you value your privacy, and we appreciate your ust. The AGD treats the handling of your personal information very eriously. To that end, the AGD has systems and procedures in place protect your privacy when handling your personal information.		Signature Note:			Date
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.			To pay with cred If you have any of Center at 888.24	it card, please a Juestions, pleas		er application. d.org/membership. mbership Services
In accordance with the	Canadian Personal Info	mation and Electronic	1			

Please sign this application and submit payment to: ACADEMY OF GENERAL DENTISTRY

PO BOX 4451 CAROL STREAM, IL 60197-4451