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

PROMOTIONAL CODE: ___________________

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                                         School email                          Date of birth (mm/dd/yyyy)

EDUCATIONAL INFORMATION
Are you currently enrolled in an accredited U.S./Canadian dental school?  Yes  No
If no, are you currently enrolled in a dental school in your country of residence?  Yes  No

Dental school         City        State/province        Country        Anticipated graduation date (mm/yyyy)

OPTIONAL INFORMATION
Gender:  □ Male  □ Female  □ Prefer not to disclose
Ethnicity:  □ American Indian  □ Asian  □ African-American  □ Hispanic  □ Caucasian  □ Other

DUES INFORMATION

<table>
<thead>
<tr>
<th>U.S./ International</th>
<th>Canada (in Canadian dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. AGD Headquarters Dues:</td>
<td>$20</td>
</tr>
<tr>
<td>2. AGD Constituent Dues:</td>
<td>$0</td>
</tr>
<tr>
<td>3. AGD Component Dues:</td>
<td>$0</td>
</tr>
</tbody>
</table>

Student members are exempt from paying 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.

Signature        Date

Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at agd.org/join-agd. 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
560 W. Lake St., Sixth Floor
Chicago, IL 60661-6600