



ACADEMY[®] of GENERAL DENTISTRY

2021 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? <input type="checkbox"/> No <input type="checkbox"/> Yes: _____				
License number		State/province	Date renewed (mm/yyyy)	
Type of membership: (Check one.) <input type="checkbox"/> Active general dentist <input type="checkbox"/> Associate (dental specialist) <input type="checkbox"/> Resident <input type="checkbox"/> Dental student <input type="checkbox"/> Affiliate				
If you are not in general practice, please indicate your specialty: _____				
Current dental practice environment: (Check one.) <input type="checkbox"/> Solo <input type="checkbox"/> Associateship <input type="checkbox"/> Group practice <input type="checkbox"/> Hospital <input type="checkbox"/> Resident <input type="checkbox"/> Corporate				
<input type="checkbox"/> Other _____	<input type="checkbox"/> Full-Time Faculty _____		<input type="checkbox"/> Federal Services _____	
	Please indicate institution		Please indicate branch	

CONTACT INFORMATION

Your AGD constituent is determined by your business address, unless one is not available.

Preferred billing/mailling address: Business Home
Preferred method of contact: Email Mail Phone

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)
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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)
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OPTIONAL INFORMATION

Gender: Male Female Prefer not to disclose
Ethnicity: American Indian Asian African-American Hispanic Caucasian Other
I am interested in participating in the AGD Mentor Match Program as a: Mentor Mentee

Stay Social With the AGD!

Search "Academy of General Dentistry" to connect with us on:



DUES INFORMATION

Please check membership type applying for:

	U.S./ International	Canada (in U.S. dollars)	Puerto Rico
<input type="checkbox"/> Active General Dentist.....	\$417	\$374	\$353
<input type="checkbox"/> Associate.....	417	374	353
<input type="checkbox"/> Affiliate.....	209	187	177
<input type="checkbox"/> Resident.....	20	17	20
<input type="checkbox"/> 2020 Graduate.....	84	75	71
<input type="checkbox"/> 2019 Graduate.....	167	150	141
<input type="checkbox"/> 2018 Graduate.....	251	224	212
<input type="checkbox"/> 2017 Graduate.....	334	299	282
<input type="checkbox"/> Dental Student.....	20	17	20

1. AGD Headquarters Dues:..... \$ _____

2. AGD Constituent Dues:..... \$ _____

3. AGD Component Dues:..... \$ _____

Please refer to back side for constituent and component dues.

Total Amount Enclosed:..... \$ _____

Dues rates effective through September 30, 2021.

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/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

1 Find the membership category and corresponding dues amount that applies to you.

ACTIVE GENERAL DENTIST

Dentists who graduated from an accredited school of dentistry more than four years ago, or who successfully completed an accredited general practice residency or advanced education in general dentistry program 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.

Recent Graduate

Dentists who have graduated in the past four years from an accredited dental school in their country of residence.

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. Upon completion of a qualifying residency program, AGD members who submit proper verification may qualify for up to 150 hours of continuing education credit toward pursuit of the AGD Fellowship Award.

ASSOCIATE

Dentists who are graduates of accredited dental schools or hold a license to practice dentistry in their country of residence but are practicing as specialists rather than as general dentists.

AFFILIATE

All persons not eligible for any other type of membership in the AGD but who support the aims and objectives of the organization.

DENTAL STUDENT

A predoctoral student of an accredited dental school in their country of residence.

Official accreditation is given by the Council on Dental Accreditation in the U.S. and the Council on Dental Accreditation in Canada for all Canadian provinces.

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		Regular	First-Year Dental School Grad
U.S. Federal Services:					
U.S. Air Force	\$15	\$15	North Dakota	\$24	\$0
U.S. Army	30	30	Ohio	45	45
U.S. Navy	20	10	Oklahoma	30	30
U.S. Public Health	18	18	Oregon	150	5
Veterans Administration	14	14	Pennsylvania	164	41
United States:					
Alabama	97	49	Puerto Rico	15	0
Alaska	50	30	Rhode Island	20	20
Arizona	45	35	South Carolina	85	20
Arkansas	45	0	South Dakota	45	10
California	200	16	Tennessee	85	25
Colorado	40	10	Texas**	251	104
Connecticut	15	0	Component		
Delaware	20	10	Brazos Valley	25	
District of Columbia	105	45	Central Texas	45	
Florida	95	20	Dallas	50	
Component			Rio Grande Valley	40	
Central	45		El Paso	10	
Gold Coast	30		Fort Worth	40	
Northeast	10		Houston	50	
Northwest	5		San Antonio	50	
Southeast	10		South Texas	35	
Tampa	30		West Texas	40	
Georgia	95	25	Utah	45	25
Hawaii	40	40	Vermont	35	0
Idaho	75	25	Virginia	66	34
Illinois	90	0	Washington	170	20
Indiana	60	15	West Virginia	25	0
Component			Wisconsin	0	0
First District	25		Wyoming	15	15
Iowa	95	10	Canada (in U.S. dollars):		
Kansas	55	8	Alberta	0	0
Kentucky	49	10	Atlantic Provinces	46	0
Louisiana	48	10	New Brunswick, Newfoundland,		
Maine	30	25	Nova Scotia, Prince Edward Island		
Maryland	60	25	British Columbia	0	0
Massachusetts	36	10	Ontario	0	0
Michigan	0	0	Quebec	46	46
Minnesota	95	25	International		
Mississippi	30	20		0	0
Missouri	50	5	Unorganized (no local constituent):		
Montana	85	75	Canal Zone	0	0
Nebraska	80	15	Civil Service	0	0
Nevada	40	25	Manitoba	0	0
New Hampshire	20	20	Northwest Territories	0	0
New Jersey**	100	20	Peace Corps	0	0
New Mexico	50	20	Saskatchewan	0	0
New York**	125	20	Virgin Islands	0	0
North Carolina	110	20			

**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 (2020 graduate); \$146 (2019 graduate); \$201 (2018 graduate). Recent graduates in New Jersey pay reduced constituent dues as follows: \$20 (2020 graduate); \$40 (2019 graduate); \$60 (2018 graduate); \$80 (2017 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 joining July 1 to Sept. 30, 2021, 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, 2020, enjoy membership through the end of 2020. 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 (1.2 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.