



2018 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) _____ Date of birth (mm/dd/yyyy) _____
Required for access to the members-only sections of the AGD website

Do you currently hold a valid U.S./Canadian dental license? No Yes: _____
License number _____ State/province _____ Date renewed (mm/yyyy) _____

Type of membership: (Check one.) Active general dentist Associate (dental specialist) Resident Dental student Affiliate

If you are not in general practice, please indicate your specialty: _____

Current dental practice environment: (Check one.) Solo Associateship Group practice Hospital Resident Corporate

Other _____ Faculty _____ Federal Services _____
Please indicate institution _____ Please indicate branch _____

If you are a member of the Canadian Forces Dental Service, please indicate your preferred constituent:

U.S. military counterpart Local Canadian constituent

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 _____ Primary email _____ Website address _____

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

Ethnicity: American Indian Asian African-American Hispanic Caucasian Other

I am interested in participating in the AGD Mentor 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 Canadian dollars)	Puerto Rico
<input type="checkbox"/> Active General Dentist	\$392	\$434	\$324
<input type="checkbox"/> Associate	392	434	324
<input type="checkbox"/> Affiliate	196	217	162
<input type="checkbox"/> Resident	78	89	65
<input type="checkbox"/> 2017 Graduate	78	89	65
<input type="checkbox"/> 2016 Graduate	156	174	130
<input type="checkbox"/> 2015 Graduate	236	260	194
<input type="checkbox"/> 2014 Graduate	314	347	259
<input type="checkbox"/> Dental Student	20	22	20

1. AGD Headquarters Dues: _____ \$ _____

2. AGD Constituent Dues: _____ \$ _____

Please refer to back side for constituent dues.

Total Amount Enclosed: _____ \$ _____

Dues rates effective through September 30, 2018.

PAYMENT

Check (enclosed)

Visa MasterCard American Express

Note: Payments for Canadian members can only be accepted via Visa, MasterCard, or check.

Expiration date (mm/yyyy)

Please print name as it appears on the card.

I hereby certify that all of the above information is correct, and that by signing this application 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 _____

Return this application with your payment to:

Academy of General Dentistry,
560 W. Lake St., Sixth Floor,
Chicago, IL 60661-6600.

If paying by credit card, fax to 312.335.3443.

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.

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.

In recognition of the financial challenges faced by students and recent graduates, the AGD provides reduced annual headquarters dues for the following membership categories:

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.

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.

ANNUAL AGD HEADQUARTERS DUES

	U.S./ International	Canada (in Canadian dollars)	Puerto Rico
Active General Dentist	\$392	\$434	\$324
Associate	392	434	324
Affiliate	196	217	162
Resident	78	89	65
2017 Graduate	78	89	65
2016 Graduate	156	174	130
2015 Graduate	236	260	194
2014 Graduate	314	347	259
Dental Student	20	22	20

2 Find your constituent and corresponding dues amount.

AGD constituent 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 dues support local AGD activities and are required.

	Regular	First-Year Dental School Grad		Regular	First-Year Dental School Grad
U.S. Federal Services:			New York**	\$125	\$20
U.S. Air Force	\$15	\$15	North Carolina	110	20
U.S. Army	30	30	North Dakota	24	0
U.S. Navy	20	20	Ohio	45	45
U.S. Public Health	15	15	Oklahoma	30	30
Veterans Administration	14	14	Oregon	150	5
United States:			Pennsylvania	145	33
Alabama	97	49	Puerto Rico	15	0
Alaska	50	24	Rhode Island	20	20
Arizona	45	35	South Carolina	85	20
Arkansas	45	10	South Dakota	45	10
California	190	16	Tennessee	75	20
Colorado	40	10	Texas**	251	104
Connecticut	15	10	Utah	45	25
Delaware	20	10	Vermont	30	30
District of Columbia	105	45	Virginia	62	31
Florida	95	20	Washington	100	0
Georgia	95	25	West Virginia	25	15
Hawaii	40	40	Wisconsin	50	17
Idaho	75	25	Wyoming	15	15
Illinois	75	0	Canada (in Canadian dollars):		
Indiana	60	15	Alberta	100	100
Iowa	95	10	Atlantic Provinces	100	100
Kansas	55	8	New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island		
Kentucky	49	10	British Columbia	100	100
Louisiana	48	10	Ontario	100	100
Maine	30	25	Quebec	100	100
Maryland	60	25	International 0 0		
Massachusetts	36	10	Unorganized (no local constituent):		
Michigan**	50	25	Canal Zone	0	0
Minnesota	95	25	Civil Service	0	0
Mississippi	30	20	Manitoba	0	0
Missouri	50	5	Northwest Territories	0	0
Montana	75	75	Peace Corps	0	0
Nebraska	70	15	Saskatchewan	0	0
Nevada	40	25	Virgin Islands	0	0
New Hampshire	20	20			
New Jersey	100	10			
New Mexico	50	20			

**Recent graduates and residents in Michigan pay \$25 constituent dues. Recent graduates and residents in New York pay \$20 constituent dues. Texas members joining July 1 through Sept. 30 pay only \$119 in constituent dues. Recent graduates in Texas pay reduced constituent dues as follows: \$104 (first year out/residents); \$146 (second year out); \$201 (third year out). For information on AGD component dues 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, 2018, 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, 2017, enjoy membership through the end of 2018. 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 members of the Texas AGD constituent, 7.0 percent of the constituent membership dues is not deductible as it is allocable to lobbying activities of the Texas AGD. For more detailed information, please check with your accountant or tax adviser.

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.