



Academy
of General Dentistry™

2011 Academy of General Dentistry Membership Application

For more information:
Call us toll-free: **888.AGD.DENT (888.243.3368)**
Or join online: www.agd.org

Promotional code: _____

Referral Information

If you were referred to the AGD by a current member, please note information below:

Member's Name _____

City, State/Province, or 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 AGD website

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

Type of membership (See back page for definitions): (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 Other _____

Faculty _____ Please indicate institution _____ Federal Services _____ 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 (local chapter) is determined by your business address, unless one is not available.

Preferred billing/mailling address: Business Home
Preferred method of contact: E-mail 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 e-mail _____ Website address _____

Educational Information

Are you a graduate of an accredited* U.S./Canadian dental school? Yes No Currently enrolled

Dental school _____ City _____ State/Province _____ Date of graduation (mm/yyyy) _____

Are you a graduate of (or resident in) an accredited* U.S. or Canadian post-doctoral program? Yes No Currently enrolled Type: AEGD GPR Other _____

Post-doctoral institution _____ State _____ Start date (mm/dd/yyyy) _____ End date (mm/dd/yyyy) _____

*See back of form.
For information on qualifying for the residency dues discount, please refer to the description on the back.

Optional Information

Gender Male Female

Ethnicity American Indian Asian African-American Hispanic Caucasian Other

Are you interested in becoming one of the following? Mentor Mentee

Dues Information

Please check membership type applying for:

	U.S.	Canada (in Canadian dollars)	Puerto Rico
<input type="checkbox"/> Active General Dentist	\$354.00	\$304.00	\$296.00
<input type="checkbox"/> Associate	354.00	304.00	296.00
<input type="checkbox"/> Affiliate	177.00	152.00	148.00
<input type="checkbox"/> Resident	71.00	61.00	59.00
<input type="checkbox"/> 2010 Graduate	71.00	61.00	59.00
<input type="checkbox"/> 2009 Graduate	142.00	121.00	118.00
<input type="checkbox"/> 2008 Graduate	212.00	183.00	178.00
<input type="checkbox"/> 2007 Graduate	283.00	243.00	237.00
<input type="checkbox"/> Student	16.00	16.00	16.00

1. AGD Headquarters Dues..... _____

2. AGD Constituent Dues _____

Please refer to back side for constituent dues

Total Amount Enclosed:..... _____

Payment

Check (Enclosed)
 VISA MasterCard American Express Diners Club Discover

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

Expiration date _____ 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,
211 E. Chicago Ave., Ste. 900, Chicago, IL 60611-1999
For applicants paying with credit cards, fax to: 312.335.3443 (secure fax number)