



**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](http://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)

