Academy of General Dentistry

2008 GENERAL MEMBERSHIP APPLICATION

For more information:
Call us toll-free: 888.AGD.DENT (888.243.3368) ext. 5300
Or join online: www.agd.org

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

Member's Name

Constituent

Your Information

First Name MI Last Name

Date of Birth (mm/dd/yyyy)
Required for access to the members only AGD Web site

GENDER ❑ Male ❑ Female

PREFERRED MAILING ADDRESS ❑ Professional ❑ Home
Your AGD Constituent is determined by your professional address, unless one is not available.

ETHNICITY ❑ American Indian ❑ Asian ❑ African-American ❑ Hispanic ❑ Caucasian ❑ Other

Professional Information

NAME OF BUSINESS (If applicable) Web site

Street Address City State/Province Zip/Postal Code

Phone Fax E-mail

DO YOU HAVE A U.S. DENTAL LICENSE? ❑ Yes ❑ No
Date received (mm/dd/yyyy) License #

If you are not in general practice, what is your specialty?

Which best describes your practice environment? (check one) ❑ Solo ❑ Associateship ❑ Group Practice ❑ Hospital ❑ Resident

❑ Faculty _____ ❑ Federal Services _____
please indicate institution please indicate branch

Home Address

Street Address City State/Province Zip/Postal Code

Phone Fax E-mail

Educational Profile

Dental School Degree Obtained ❑ DDS ❑ DMD ❑ BDS ❑ Other _____

Graduation Date (mm/yyyy) Are you a graduate of (or resident in) an accredited U.S. or Canadian post-doctoral program? ❑ Yes ❑ No

Post-doctoral Institution Completion Date (mm/dd/yyyy)

2007 Dues Information (Refer to other side)

1 AGD Membership Dues _____

2 **FLAGD Dues** + $70 (first year out $15) _____

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

Exp. CVV2

I hereby certify that all the information I have provided on this application is correct.

Return this application with your payment to:
Academy of General Dentistry
211 East Chicago Avenue, Suite 900
Chicago, IL 60611-1999
For applications paying with credit cards fax to:
312.440.0559