



# 2019 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./	Canada	Puerto Rico
	International	(in Canadian dollars)	
<input type="checkbox"/> Active General Dentist	\$400	\$443	\$324
<input type="checkbox"/> Associate	400	443	324
<input type="checkbox"/> Affiliate	200	221	162
<input type="checkbox"/> Resident	80	89	65
<input type="checkbox"/> 2018 Graduate	80	89	65
<input type="checkbox"/> 2017 Graduate	160	177	130
<input type="checkbox"/> 2016 Graduate	240	266	194
<input type="checkbox"/> 2015 Graduate	320	354	259
<input type="checkbox"/> Dental Student	20	22	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, 2019.

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

### 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.

## 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.

# 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
<b>U.S. Federal Services:</b>					
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	15	15	Oregon	150	5
Veterans Administration	14	14	Pennsylvania	149	38
<b>United States:</b>					
Alabama	97	49	Puerto Rico	15	0
Alaska	50	30	Rhode Island	20	20
Arizona	45	35	South Carolina	97	20
Arkansas	45	10	South Dakota	45	10
California	190	16	Tennessee	75	20
Colorado	40	10	Texas**	251	104
Connecticut	15	10	Component		
Delaware	20	10	Brazos Valley	30	
District of Columbia	105	45	Central Texas	45	
Florida	95	20	Dallas	50	
Component			El Paso	10	
Central	45		Fort Worth	40	
Gold Coast	60		Houston	50	1st 25; 2nd 35; 3rd 45
Northeast	15		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	64	32
Illinois	80	0	Washington	150	10
Indiana	60	15	West Virginia	25	20
Component			Wisconsin	50	20
First District	25		Wyoming	15	15
Iowa	95	10	<b>Canada (in Canadian dollars):</b>		
Kansas	55	8	Alberta	100	100
Kentucky	49	10	Atlantic Provinces	100	100
Louisiana	48	10	New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island		
Maine	30	25	British Columbia	100	100
Maryland	60	25	Ontario	115	115
Massachusetts	36	10	Quebec	100	100
Michigan**	50	25	<b>International</b>	0	0
Minnesota	95	25	<b>Unorganized (no local constituent):</b>		
Mississippi	30	20	Canal Zone	0	0
Missouri	50	5	Civil Service	0	0
Montana	75	75	Manitoba	0	0
Nebraska	75	15	Northwest Territories	0	0
Nevada	40	25	Peace Corps	0	0
New Hampshire	20	20	Saskatchewan	0	0
New Jersey**	100	20	Virgin Islands	0	0
New Mexico	50	20			
New York**	125	20			
North Carolina	110	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 \$125 in constituent dues. Recent graduates in Texas pay reduced constituent dues as follows: \$104 (2018 graduate/resident); \$146 (2017 graduate); \$201 (2016 graduate). Recent graduates in New Jersey pay reduced constituent dues as follows: \$20 (2018 graduate/residents); \$40 (2017 graduate); \$60 (2016 graduate); \$80 (2015 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, 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, 2018, enjoy membership through the end of 2019. 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.