

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.

2023 AGD Student Membership Application Join online at *agd.org*, or call us at 888.243.3368 or 312.440.4300.

MEMBER INFORM	ATION					
First name 1	MI Last name		Permanent email address Required for access to the members-only sections of the AGD website			
CONTACT INFORM Your AGD constituent is d		al school location.	Preferred method of cont	tact: Email M	Mail Phone	
Home address (permanent)	dress (permanent) City		State/province ZIP/postal code Country			
Phone	Cell	School email		Date of birth	n (mm/dd/yyy)	
EDUCATIONAL INI	FORMATION					
Are you currently enrolle If no, are you currently e				Official accreditation is given	by CODA in the U.S. and CDAC	for all Canadian provinces.
Dental school	City	State/province	e Co	ountry	Anticipated graduatio	n date (mm/yyyy)
Gender: ☐ Male ☐ Fe Ethnicity: ☐ American I			d panic □ Caucasian □ Oth	with us on:	emy of General Den	You Tube
READ THE FINE PRINT Dues Information Individuals joining July 1 to Dec. 31, 2022, enjoy membership through the end of 2023. Paid dues will be applied to the upcoming year.			DUES INFORMATION (in U.S. dollars) \$21 1. AGD Dues: \$0 2. AGD Constituent Dues: \$0 3. AGD Component Dues: \$0			
Tax Information The U.S. Revenue Reconductify you that a portion (.81 percent) is not dedu is allocable to lobbying a	ciliation Act of 1993 req of your membership du ctible as a business exp	uires the AGD to es payment ense because it	TOTAL AMOUNT ENCLOSED: \$\$ Dues rates effective through September 30, 2023.			
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 ASDA, the ADA, the NDA, or the CDA, and other dental organizations.			I hereby certify that all of the above information is correct, and that by signing this application, I agree to all terms of membership.			
AGD Privacy Informatio The AGD knows that you trust. The AGD treats the seriously. To that end, the to protect your privacy w	value your privacy, and handling of your perso AGD has systems and	nal information very procedures in place			Date	
The AGD does not collect personal information unless it is necessary for 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 by law.			Note: Payment by check mu To pay with credit cai		ed by a paper app	
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			If you have any quest Center at 888.243.33	tions, please cont		

Please sign this application and submit payment to:

ACADEMY OF GENERAL DENTISTRY PO BOX 4451