



2020 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) _____ Primary Email address _____

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 _____ Full-Time 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 _____
Date of Birth _____

Phone _____ Alternate email _____

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 Prefer not to disclose
Ethnicity: American Indian Asian African-American Hispanic Caucasian Other
I am interested in participating in the AGD Mentor Match 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	\$406	\$443	\$344
<input type="checkbox"/> Associate	406	443	344
<input type="checkbox"/> Affiliate	203	221	172
<input type="checkbox"/> Resident	81	89	68
<input type="checkbox"/> 2019 Graduate	81	89	68
<input type="checkbox"/> 2018 Graduate	162	177	138
<input type="checkbox"/> 2017 Graduate	244	266	206
<input type="checkbox"/> 2016 Graduate	325	354	276
<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, 2020.

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 _____

Note: Check payment is required with hard copy applications. To pay with credit card, please apply online at agd.org/join-agd. If you have any questions, please contact our Membership Services Center at 888.243.3368.

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.

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.

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.

DENTAL STUDENT

A predoctoral student of an accredited dental school in their country of residence.

Official accreditation is given by the Council on Dental Accreditation in the U.S. and the Council on Dental Accreditation in Canada for all Canadian provinces.

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
U.S. Federal Services:			North Dakota	\$24	\$0
U.S. Air Force	\$15	\$15	Ohio	45	45
U.S. Army	30	30	Oklahoma	30	30
U.S. Navy	20	10	Oregon	150	5
U.S. Public Health	16	16	Pennsylvania	159	40
Veterans Administration	14	14	Puerto Rico	15	0
United States:			Rhode Island	20	20
Alabama	97	49	South Carolina	85	20
Alaska	50	30	South Dakota	45	10
Arizona	45	35	Tennessee	85	25
Arkansas	45	10	Texas**	251	104
California	200	16	Component		
Colorado	40	10	Brazos Valley	30	
Connecticut	15	0	Central Texas	45	
Delaware	20	10	Dallas	50	
District of Columbia	105	45	Rio Grande Valley	40	
Florida	95	20	El Paso	10	
Component			Fort Worth	40	
Central	45		Houston	50	1st 25; 2nd 35; 3rd 45
Gold Coast	60		San Antonio	50	
Northeast	15		South Texas	35	
Northwest	5		West Texas	40	
Southeast	10		Utah	45	25
Tampa	30		Vermont	35	0
Georgia	95	25	Virginia	66	34
Hawaii	40	40	Washington	160	10
Idaho	75	25	West Virginia	25	20
Illinois	85	0	Wisconsin	50	20
Indiana	60	15	Wyoming	15	15
Component			Canada (in Canadian dollars):		
First District	25		Alberta	100	100
Iowa	95	10	Atlantic Provinces	100	0
Kansas	55	8	New Brunswick, Newfoundland, Nova Scotia, Prince Edward Island		
Kentucky	49	10	British Columbia	100	100
Louisiana	48	10	Ontario	115	115
Maine	30	25	Quebec	100	100
Maryland	60	25	International	0	0
Massachusetts	36	10	Unorganized (no local constituent):		
Michigan**	50	25	Canal Zone	0	0
Minnesota	95	25	Civil Service	0	0
Mississippi	30	20	Manitoba	0	0
Missouri	50	5	Northwest Territories	0	0
Montana	85	75	Peace Corps	0	0
Nebraska	75	15	Saskatchewan	0	0
Nevada	40	25	Virgin Islands	0	0
New Hampshire	20	20			
New Jersey**	100	20			
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: \$0 (resident); \$104 (2019 graduate); \$146 (2018 graduate); \$201 (2017 graduate). Recent graduates in New Jersey pay reduced constituent dues as follows: \$20 (2019 graduate/residents); \$40 (2018 graduate); \$60 (2017 graduate); \$80 (2016 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, 2020, 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, 2019, enjoy membership through the end of 2020. 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 more detailed information, please check with your accountant or tax advisor.

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.