CALIFORNIA ACADEMY of GENERAL DENTISTRY

2018 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/mailing 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

AGD Privacy Information

The AGD has systems and procedures in place to protect your privacy in relation to the handling of your personal information. The AGD does not collect personal information unless it is necessary to perform one or more of its functions and activities. On occasion, the AGD may collect personal information, but only with your consent or when required to by law. For more information, please visit www.agd.org or contact the AGD Membership Services Center at 888.243.3368.

2018 AGD Headquarters Dues

Please check membership type applying for:

☐ Active General Dentist	$392
☐ Associate (Specialist)	$392
☐ Affiliate	$196
☐ Resident	$78
☐ 2017 Graduate	$78
☐ 2016 Graduate	$156
☐ 2015 Graduate	$236
☐ 2014 Graduate	$314
☐ Dental Student	$20

2018 California AGD Constituent Dues

☐ Active General Dentist	$190
☐ Associate	$190
☐ Affiliate	$0
☐ 2017 Graduate/Current Resident	$16
☐ 2016 Graduate	$190
☐ 2015 Graduate	$190
☐ 2014 Graduate	$190
☐ Dental Student	$0

AGD Headquarters Dues: (See above rates.) ..... $ _____
California AGD Constituent Dues: (See above rates.) ..... $ _____
Total Amount Enclosed: ..... $ 0

Individuals joining July 1 to Sept. 30, 2018, pay half the annual headquarters membership dues (does not apply to student, resident, first-year graduate, or affiliate members). Individuals joining Oct. 1 to Dec. 31, 2017, enjoy membership through the end of 2018. Paid dues will be applied to the upcoming year.

Per the U.S. Revenue Reconciliation Act of 1993, 1.2 percent of membership dues payment is allocable to the AGD's lobbying activities and is not deductible as a business expense. Please consult with your financial adviser for detailed information.

Dues rates effective through Sept. 30, 2018. Contact the AGD or visit *agd.org* for updated rates.

PAYMENT

☐ Check (enclosed)

☐ Visa ☐ MasterCard ☐ American Express

Note: Payments for Canadian members can only be accepted via Visa, MasterCard, or check.

Expiration date (mm/yyyy) 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,
560 W. Lake St., Sixth Floor,
Chicago, IL 60661-6600.
If paying by credit card, fax to 312.335.3443.