



2009 GENERAL MEMBERSHIP APPLICATION

For more information:
Call us toll-free: 888.AGD.DENT (888.243.3368)
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 _____

City, State/Province, or Federal Services Branch _____

Member Information

First Name _____ **MI** _____ **Last Name** _____ **Designation** (i.e. DDS, DMD, BDS) _____ **Informal Name** (If applicable) _____

Type of Membership: (Check one) Active General Dentist Active General Dentist (Recent graduate in last four years)
 Associate Resident Dental Student Affiliate

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

Do you currently hold a valid U.S./Canadian dental license? Yes No
License Number _____ State/Province _____ Date Received (mm/yyyy) _____

If you are not in general practice, please indicate your specialty: _____

Current practice environment: (Check one) Solo Associateship Group Practice Hospital Resident
 Faculty Institution _____ Federal Services 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 METHOD OF CONTACT: E-mail Mail Phone
PREFERRED BILLING/MAILING ADDRESS: Business Home

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 E-mail** _____ **Web site Address** _____

Educational Information

ARE YOU A GRADUATE OF AN ACCREDITED* U.S./CANADIAN DENTAL SCHOOL? Yes No Currently Enrolled

Dental School _____ **Graduation Date** (mm/yyyy) /

Are you a graduate of an accredited* U.S. or Canadian post-doctoral program? Yes No Currently Enrolled

Post-doctoral Institution _____ **Begin Date** (mm/dd/yyyy) _____ **to** _____ **End Date** (mm/dd/yyyy) _____
For information on qualifying for the residency dues discount, please refer to the description on the back.

Optional Information

GENDER Male Female

ETHNICITY American Indian Asian African-American Hispanic Caucasian Other _____

HOW DID YOU HEAR ABOUT US? AGD Member (please indicate information in the referral box) AGD Web site AGD Constituent
 Newsletter Advertisement Mailing Dental Meeting Other _____

Dues Information

Refer to back side for membership and constituent dues rates.

1 AGD Membership Dues _____
2 AGD Constituent Dues **+** _____
TOTAL AMOUNT ENCLOSED (Required) **=** _____

Payment Information

Promotional Code (If applicable) _____

Check (Enclosed) VISA MasterCard American Express Diners Club Discover
NOTE: Payments for Canadian members can only be accepted via VISA, MasterCard, or check.

Exp. _____ Please print the name as it appears on the card.
I hereby certify that all the information I have provided on this application is correct, and by remitting dues to the AGD, agree to all terms of membership.

Signature _____

Date _____

Return this application with your payment to:
Academy of General Dentistry
211 East Chicago Avenue, Suite 900
Chicago, IL 60611-1999
For credit card payments, fax to: 312.335.3443
Dues rates effective until 10/01/09. Contact the AGD or visit www.agd.org for updated rates.

1 Find the membership category and corresponding dues that apply 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 (GPR) or advanced education in general dentistry (AEGD) program in the U.S. or Canada, or hold a license to practice dentistry in any state or territory in the U.S. or province of Canada. Dentists who are practicing in a country outside the U.S. or Canada are eligible for active general dentist membership if they meet these criteria.

ASSOCIATE

Dentists who are graduates of accredited dental schools or hold a license to practice dentistry in any state or territory in the U.S. or province of Canada but are practicing as specialists rather than 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 dues for the the following membership categories:

RECENT GRADUATE

Dentists who have graduated in the past four years from an accredited dental school in the U.S. or Canada.

RESIDENT

Dentists currently enrolled in an accredited advanced education in general dentistry (AEGD) or general practice residency (GPR) in the U.S. or Canada. Other types of residencies (i.e., post-doctorate, masters) do not qualify for the residency discount. Proof of residency enrollment needs to be provided to AGD on official program letterhead. Upon completion of a qualifying residency program, AGD members who submit proper verification may qualify for up to 250 hours of continuing education credits towards pursuit of the AGD Fellowship Award.

DENTAL STUDENT

A pre-doctoral student of an accredited dental school in the U.S. or Canada.

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

ANNUAL AGD HEADQUARTERS DUES

	U.S.	CANADA (In Canadian Dollars)	PUERTO RICO
Active General Dentist	\$347.00	\$342.00	\$290.00
Associate	347.00	342.00	290.00
Affiliate	174.00	171.00	145.00
Resident	70.00	69.00	58.00
2008 Graduate	70.00	69.00	58.00
2007 Graduate	139.00	137.00	117.00
2006 Graduate	208.00	206.00	174.00
2005 Graduate	278.00	274.00	232.00
Student	16.00	16.00	16.00

2 Find your constituent and corresponding dues amount.

AGD constituent dues are determined by practice, dental school, or residency location; or branch of the federal services. If none of these applies to you, your constituent will be determined by your home address. Constituent dues support local AGD activities and are required.

AGD CONSTITUENT DUES Dues rates effective until 10/01/09. Contact the AGD, or visit www.agd.org for updated rates.

	REGULAR	FIRST YEAR DENTAL SCHOOL GRAD		REGULAR	FIRST YEAR DENTAL SCHOOL GRAD
Federal Services:					
U.S. Air Force	\$15	\$15	North Carolina	\$55	\$10
U.S. Army	15	15	North Dakota	20	0
U.S. Navy	18	18	Ohio	45	45
U.S. Public Health	15	15	Oklahoma	30	30
Veterans Administration	14	14	Oregon	50	5
United States:					
Alabama	30	0	Pennsylvania	85	15
Alaska	50	24	Puerto Rico	15	0
Arizona	35	35	Rhode Island	20	20
Arkansas	45	10	South Carolina	35	15
California	95	5	South Dakota	35	5
Colorado	40	10	Tennessee	65	20
Connecticut	15	10	Texas	147*	57
Delaware	20	10	Utah	45	25
District of Columbia	55	5	Vermont	25	15
Florida	70	15	Virginia	52	27
Georgia	75	25	Washington	65	15
Hawaii	40	40	West Virginia	25	15
Idaho	25	20	Wisconsin	25	15
Illinois	34	0	Wyoming	15	15
Indiana	50	15	Canada (In Canadian Dollars):		
Iowa	80	10	Alberta	30	30
Kansas	55	8	Atlantic Provinces	30	30
Kentucky	40	5	New Brunswick, Newfoundland, Nova Scotia, Prince Edward Isl		
Louisiana	48	10	British Columbia	30	30
Maine	20	15	Ontario	30	30
Maryland	60	25	Quebec	30	30
Massachusetts	36	10	Unorganized:		
Michigan*	50	25	Canal Zone	0	0
Minnesota	100	15	Civil Service	0	0
Mississippi	30	20	International	0	0
Missouri	50	5	Manitoba	0	0
Montana	25	25	Northwest Territories	0	0
Nebraska	50	15	Peace Corps	0	0
Nevada	40	25	Saskatchewan	0	0
New Hampshire	18	15	Virgin Islands	0	0
New Jersey	65	10			
New Mexico	50	20			
New York*	100	20			

* Texas members joining July 1 through Sept. 30 pay only \$73.50 in constituent dues. Recent graduates in Texas pay reduced fees as follows: \$57 (1st year out/Residents); \$82 (2nd year out); \$116 (3rd year out). Recent graduates and residents in New York pay \$20 constituent dues. Recent graduates and residents in Michigan pay \$25. For information on AGD component dues in California, Indiana, Florida, and Texas, please contact the Membership Services Center at 888.AGD.DENT (888.243.3368).

DUES INFORMATION

Individuals joining between July 1 and Sept. 30, 2009 pay one-half the annual Headquarters' membership dues. Half-year dues do not apply to student, resident, or recent graduate member types or constituent/component dues. Individuals joining between Oct. 1 and Dec. 31, 2009, enjoy membership through the end of 2010. Paid dues will be applied to the upcoming year.

TAX INFORMATION

The Revenue Reconciliation Act of 1993 requires that the AGD 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.

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 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 you from any third-party mailing lists, or for more information, visit www.agd.org or contact the Membership Services

