



# 2013 AGD & Maine AGD Membership Application

For more information:  
Call us toll-free: **888.AGD.DENT (888.243.3368)**  
Or join online: [www.agd.org](http://www.agd.org)

Promotional code: \_\_\_\_\_

**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 (e.g. DDS, DMD, BDS) \_\_\_\_\_ Date of birth (mm/dd/yyyy) \_\_\_\_\_  
Required for access to the members-only AGD website

Do you currently hold a valid U.S./Canadian dental license?  Yes  No License number \_\_\_\_\_ State/Province \_\_\_\_\_ Date renewed (mm/yyyy) \_\_\_\_\_

Type of membership: (check one)  Active general dentist  Active general dentist (Recent graduate in the last four years)  Associate  Resident  Dental student  Affiliate

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

Current practice environment: (Check one)  Solo  Associateship  Group practice  Hospital  Resident  Corporate  Other \_\_\_\_\_

Faculty \_\_\_\_\_ Please indicate institution \_\_\_\_\_  Federal Services \_\_\_\_\_ 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 \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_ Date of graduation (mm/yyyy) \_\_\_\_\_

Are you a graduate of (or resident in) an accredited\*\* U.S. or Canadian post-doctoral program?  Yes  No  Currently enrolled Type:  AEGD  GPR  Other

Post-doctoral institution \_\_\_\_\_ State \_\_\_\_\_ Start date (mm/dd/yyyy) \_\_\_\_\_ End date (mm/dd/yyyy) \_\_\_\_\_

## Optional Information

Gender  Male  Female

Ethnicity  American Indian  Asian  African-American  Hispanic  Caucasian  Other

Are you interested in becoming one of the following?  Mentor  Mentee

\*Official accreditation is given by CODA in the U.S. and CDAC in Canada.

\*\*Accredited AEGD or GPR residencies qualify for the resident membership rate. Official proof of enrollment must be provided to AGD.

### 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 performing 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](http://www.agd.org), or contact the Membership Services Center at 888.AGD.DENT (888.243.3368).

## 2013 AGD Headquarters Dues

Please check membership type applying for:

- Active General Dentist .....\$354.00
- Associate (Specialist) .....\$354.00
- Affiliate.....\$177.00
- 2012 Graduate/  
Current Resident.....\$71.00
- 2011 Graduate.....\$142.00
- 2010 Graduate.....\$212.00
- 2009 Graduate.....\$283.00
- Dental Student.....\$16.00

## 2013 Maine AGD Constituent Dues

- Active General Dentist .....\$20.00
- Associate.....\$20.00
- Affiliate.....\$0.00
- 2012 Graduate/  
Current Resident.....\$15.00
- 2011 Graduate .....\$20.00
- 2010 Graduate .....\$20.00
- 2009 Graduate .....\$20.00
- Dental Student .....\$0.00

AGD Headquarters Dues (See above rates) \_\_\_\_\_

Maine Constituent Dues (See above rates)..... \_\_\_\_\_

Total Amount Enclosed:..... \_\_\_\_\_

Individuals joining 7/1-9/30 pay half the annual headquarters membership dues. (Does not apply to student, resident, or first year graduate members). Individuals joining 10/1-12/31/12 enjoy membership through the end of 2013. Paid dues will be applied to the upcoming year.

Per the 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 advisor for detailed information.

Dues rates effective until 9/30/13. Contact the AGD or visit [www.agd.org](http://www.agd.org) for updated rates.

## Payment

Check (Enclosed)  
 VISA  MasterCard  American Express  Diners Club  Discover

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

\_\_\_\_\_

Expiration date \_\_\_\_\_ 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, 211 E. Chicago Ave., Ste. 900, Chicago, IL 60611-1999**  
**For applicants paying with credit cards, fax to: 312.335.3443 (secure fax number)**