Academy of General Dentistry™

# 2011 AGD & New Jersey AGD Membership Application

For more information:
Call us toll-free: **888.AGD.DENT (888.243.3368)**
Or join online: *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 ❑ 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/mailing address:** ❑ Business ❑ Home
**Preferred method of contact**: ❑ E-mail ❑ 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 e-mail | 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, *or contact the Membership Services Center at 888.AGD.DENT (888.243.3368).*

### 2011 AGD Headquarters Dues

*Please check membership type applying for:*

| | |
|---|---|
| ❑ Active General Dentist | $354.00 |
| ❑ Associate (Specialist) | $354.00 |
| ❑ Affiliate | $177.00 |
| ❑ 2010 Graduate/ Current Resident | $71.00 |
| ❑ 2009 Graduate | $142.00 |
| ❑ 2008 Graduate | $212.00 |
| ❑ 2007 Graduate | $283.00 |
| ❑ Dental Student | $16.00 |

### 2011 New Jersey AGD Constituent Dues

| | |
|---|---|
| Active General Dentist | $65.00 |
| Associate | $65.00 |
| Affiliate | $0.00 |
| 2010 Graduate/ Current Resident | $10.00 |
| 2009 Graduate | $65.00 |
| 2008 Graduate | $65.00 |
| 2007 Graduate | $65.00 |
| Dental Student | $0.00 |

AGD Headquarters Dues (See above rates) ..... _____
New Jersey 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 10/1–12/31/10 enjoy membership through the end of 2011. Paid dues will be applied to the upcoming year.

Per the Revenue Reconciliation Act of 1993, 1.5 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 9/30/11. Contact the AGD or visit *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)**