



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 \_\_\_\_\_

**2019 AGD & Texas AGD New Member/Renewal Application**  
Join Online at [www.TAGD.org](http://www.TAGD.org)

**Member Information**

AGD # (if renewal): \_\_\_\_\_

_____	_____	_____	_____	_____
First name	MI	Last name	Designation (e.g. DDS, DMD, BDS)	Date of birth (mm/dd/yyyy) <i>Required for access to the members-only sections of the AGD website</i>

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 \_\_\_\_\_ 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	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 \_\_\_\_\_

_____	_____	_____	_____	_____
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

\*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.

**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](http://www.agd.org) or contact the AGD Membership Services Center at 888.243.3368.

**2019 AGD Headquarters Dues**

Please check membership type applying for:

- Active General Dentist ..... \$400
- Associate (Specialist) ..... \$400
- Affiliate\* ..... \$200
- Resident ..... \$80
- 2018 Graduate ..... \$80
- 2017 Graduate ..... \$160
- 2016 Graduate ..... \$240
- 2015 Graduate ..... \$320
- Dental Student\* ..... \$20

\*Do not pay AGD Constituent or Component dues.

**2019 Texas AGD Component Dues**

- Brazos Valley ..... \$30
- Central Texas ..... \$45
- Dallas ..... \$50
- El Paso ..... \$10
- Fort Worth ..... \$40
- Houston ..... \$50
- 2018 Graduate ..... \$25
- 2017 Graduate ..... \$35
- 2016 Graduate ..... \$45
- Panhandle ..... \$0
- Rio Grande Valley ..... \$40
- San Antonio ..... \$50
- South Texas ..... \$35
- West Texas ..... \$40

**2019 Texas AGD Constituent Dues**

- Active General Dentist/Associate ..... \$251
- 2018 Graduate/Current Resident ..... \$104
- 2017 Graduate ..... \$146
- 2016 Graduate ..... \$201
- 2015 Graduate ..... \$251
- Retired ..... \$125

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

Texas Constituent Dues: (See above rates) \_\_\_\_\_

Texas Component Dues: (See above rates) \_\_\_\_\_

**Total Amount Enclosed:** \_\_\_\_\_

Individuals joining July 1 to Sept. 30, 2019, 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, 2018, enjoy membership through the end of 2019. 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, 2019. Contact the AGD or visit [www.agd.org](http://www.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.

_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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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.**