

Membership Application

We/I hereby apply for membership in the American Academy of Dental Group Practice and agree to abide by the Constitution and Bylaws of the Academy. Membership renewals due by January 1 annually.

Membership Group Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Contact Person: _____ Phone: _____

Email: _____

- Dental Group Practice Membership**
 1-9 Practices \$225
 10-24 Practices \$350
 25+ Practices \$525

Please list name and email address for each Dentist, Administrator or Manager Member in your group(s):

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

Name: _____ Title: _____ Email: _____

- Individual Member or Adjunct Member: \$150**
 (Dentists in **solo practice** or governmental, uniformed service, educational, research institutions)

Name: _____ Institution: _____ Email: _____

- Corporate Member: \$1,000**
 (Any company and/or Executive that provides services to dental group practices)

Company Name: _____

Name: _____ Title: _____ Email: _____

TOTAL: _____

Mail Check and Application to:
 American Academy of Dental Group Practice
 P.O. Box 539
 Winfield, IL 60190

AADGP reserves the right to review & correct membership categories as needed. By providing email address and submitting this agreement, Member hereby grants AADGP permission to contact Member via email in order to pass on information regarding educational meetings and/or any other information that AADGP deems may be of interest to Member, consistent with the requirements set forth in the CAN-SPAM Act of 2003 and the Junk Fax Prevention Act of 2005.