



2020 ALUMNI ASSOCIATION DUES RENEWAL STATEMENT

UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY
ALUMNI ASSOCIATION
SDB 217
1720 Second Avenue South
Birmingham, AL 35294-0007
205.934.3575 Phone / 205.934.9740 Fax
uab.edu/dentistry

A strong, active Alumni Association is one of the greatest assurances that our school will continue to be at the forefront of dental education. Your continued support is greatly appreciated.

RENEW DUES ONLINE – Alumni & Friends on UAB Dentistry Website - uab.edu/dentistry/home/index.php/alumni-friends

PERSONAL INFORMATION

FIRST NAME		LAST NAME		MIDDLE NAME OR INTIAL	
UAB DMD GRAD YEAR	UAB RESIDENCY & GRAD YEAR	INDICATE IF YOU PREFER TO HAVE MAIL SENT TO:			
		<input type="checkbox"/> HOME		<input type="checkbox"/> OFFICE	
HOME ADDRESS				HOME PHONE	
CITY		STATE		ZIP	
OFFICE ADDRESS				OFFICE PHONE	
CITY		STATE		ZIP	
EMAIL ADDRESS				CELL PHONE	

ENCLOSE SEPARATE CHECKS FOR PAYMENT - For each section noted below if you do not pay online.

ALUMNI ASSOCIATION DUES (CHOOSE 1 CATEGORY) & DONATIONS

2020 ANNUAL MEMBERSHIP DUES	<input type="checkbox"/>	\$100.00	
2020 YOUNG ALUMNI MEMBERSHIP DUES Applicable only for DMD or Residency Graduates of 2015, 2016, 2017, 2018 *2019 Graduates (DMD or Residency) complimentary	<input type="checkbox"/>	\$50.00	OR
2020 RETIRED DENTIST MEMBERSHIP DUES Applicable only for alumni 70 years or older who no longer hold a license	<input type="checkbox"/>	\$50.00	OR
DONATION TO ALABAMA DENTAL ALUMNI ASSOCIATION – DEAN’S FUND	<input type="checkbox"/>	\$ _____	
DONATION TO ALABAMA DENTAL ALUMNI ASSOCIATION – JOY B. WHITE FUND	<input type="checkbox"/>	\$ _____	
PLEASE MAKE CHECK PAYABLE TO: ALABAMA DENTAL ALUMNI ASSOCIATION			
TOTAL		\$ _____	

UAB DENTISTRY DONATIONS

DONATION TO UAB DENTISTRY – ALUMNI ASSOCIATION ENDOWED PROFESSORSHIP	<input type="checkbox"/>	\$ _____	
DONATION TO UAB DENTISTRY – EXCELLENCE IN ALABAMA DENTISTRY FUND	<input type="checkbox"/>	\$ _____	
DONATION TO UAB DENTISTRY – LEONARD MUENINGHOFF ENDOWED SCHOLARSHIP FUND	<input type="checkbox"/>	\$ _____	
PLEASE MAKE CHECK PAYABLE TO: UAB DENTISTRY			
TOTAL		\$ _____	