

**UTHSCSA Dental Alumni Association
Application Form**

Name: _____

Class Year: _____ Phone: _____

E-mail Address: _____

Preferred Address: _____

City/State/Zip: _____

Is this address: Home | Work

Yes! Add me to the current membership roster!

\$55 annual dues

\$1000 lifetime membership

Bill me

Payment enclosed

Credit card authorization below

Credit card charges may be made for contributions of \$250 or more.

Circle one: VISA | MasterCard

Cardholder Name: _____

Card Account#: _____ Expiration Date: _____

Send me the information regarding the:

VISITATION Program | Class Reunions | Other Programs _____