

UW DENTAL ALUMNI ASSOCIATION 2022 MEMBERSHIP DUES

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UW DENTAL ALUMNI ASSOCIATION

Dear Dental Colleagues,

One of the primary objectives of the Dental Alumni Association is to provide student and school support. The DAA funds more than \$60,000 in scholarships each year, as well as the Practice Opportunities and Beginning a Practice programs, SURF, the White Coat Ceremony, the Mentor Program and student activities throughout the year.

Dental Alumni also helps fund the annual Ernest M. Jones Lecture and Luncheon, the Distinguished Alumnus Award at the Dean's Club Dinner and individual class reunions. The next Ernest Jones Lecture will be held on March 25, 2022 in conjunction with the School of Dentistry's 75th Anniversary Celebration. We hope you will join us for the outstanding programs and festivities. More details will follow.

Additional information about the Dental Alumni Association is on reverse. If you have any questions, please contact Randy Newquist at (206) 616-0716 and randyn@uw.edu or Debbie Knight at (206) 616-0986 and debbiek@uw.edu.

Jeremy Chaison ('06)
UW Dental Alumni President

UW DENTAL ALUMNI ASSOCIATION OFFICERS



Jeremy Chaison '06
PRESIDENT



Oleg Shvartsur '11
PRESIDENT-ELECT



Diane Daubert '17
TREASURER

Please be sure to check the applicable boxes on the back of the form before returning to us.

PLEASE DETACH BOTTOM PORTION, FOLD, AND RETURN WITH YOUR CHECK MADE PAYABLE TO: UW DENTAL ALUMNI ASSOCIATION, BOX 357137, SEATTLE, WA 98195-7137



Please identify type of member:

- Regular Member \$120** (UW DDS/MSD Certificate or Graduate or UW Hygiene Graduate) Year of Graduation _____
- New Member \$50** (5 years or less since graduation) Year of Graduation _____
- Lifetime Member \$60** (75 years old with 30 years of membership)
- Associate Member \$120** (Non-UW Dentistry Alumnus)

Membership Dues to be paid by:

- Check payable to the UW Dental Alumni Association (US funds only, please)
- Mastercard or Visa

CARD# _____

EXP. DATE _____

CVV CODE _____

NAME ON CARD _____

SIGNATURE _____

RENEW MY MEMBERSHIP ELECTRONICALLY

Please charge my credit card automatically each year on October 1 for my annual membership dues:

Yes No

EMAIL ADDRESS _____

CELL PHONE NUMBER _____

While a Student:

 **\$60,000** annually for dental student scholarships

 The **MENTOR PROGRAM** matching students with Washington State Dental Association mentor dentists

 **STUDENT PARTICIPATION** in the Summer Undergraduate Research Fellowship (SURF) program

 The **PRACTICE OPPORTUNITIES PROGRAM (POPS)** and listing

 Sponsorship of the **WHITE COAT CEREMONY** and other annual student events, including graduation, the vendor fair, golf tournament, Winter Gala dance, talent show, spring barbecue and student socials

 **CLASS REUNIONS and ALUMNI EVENTS**
 The **DISTINGUISHED ALUMNUS** of the Year Award

After Graduation:


 Receiving **THE DENTAL ALUMNI NEWS MAGAZINE** (twice a year)

 Invitations to **ALUMNI EVENTS** and receptions

 **10 PERCENT DISCOUNT** on UW CDE lecture courses

 Invitations to **SCHOOL OF DENTISTRY EVENTS** and celebrations

 **PRIORITY REGISTRATION** for the Ernest Jones Memorial Lectureship

 **SATISFACTION** of supporting an outstanding School of Dentistry

Please be sure to check the applicable boxes of the form before returning to us.



Please let us know which apply:

- Yes, I have a practice opportunity available. Please send a POPS Practitioner questionnaire.
- Yes, I am interested in becoming a student mentor. Please send me information .
- Yes, please send me information about leaving a gift to UWSOD in will or making a charitable trust tax donation.
- Yes, I have already included the UWSOD in my estate plans.

One of the most popular features of *Dental Alumni News* is the "Class Notes" section.

If you have news about yourself or a classmate, please take a moment and bring us up to date: