

ACADEMY OF LDS DENTISTS 2011

STUDENT CHAPTER MEMBERSHIP

Last Name _____ First Name _____ Middle Initial _____ Male Female
Home Mailing Address _____ City _____ State _____ ZIP Code _____
Country (if not U.S.) _____ Telephone Number () _____ E-mail _____
Fax Number () _____ BYU ID or NetID _____ Birthday (required) _____

**The Academy of LDS Dentists would like to know more about you.
Please take a moment to answer the following questions.**

What years will you be enrolled in dental school? (circle all that apply) 2011 2012 2013 2014 2015 2016

May we share your information with other Academy members? Yes No

May we share your information with other members of student chapters? Yes No

What is your home address? _____

Home telephone number? _____

Spouse's name? _____

Fax number? _____

Cell number ? _____

E-mail address? _____

Dental school? _____

Year of expected graduation? _____

Where did you receive your undergraduate degree? _____

What city/state would you like to practice in? _____

What languages do you speak? _____

Are you interested in participating in service projects? _____

Four ways to become a student member:

Fax: (801) 852-0596

Telephone: (801) 422-8925

Online: <http://ldsdentist.byu.edu>

Mail form to:

The Academy of LDS Dentists
BYU Conferences and Workshops
115 Harman Continuing Education Building
Provo, UT 84602