

**School Of Dental Medicine
Alumni Association Board of Directors
Application Form**

The Alumni Association Board of Directors is seeking outstanding alumni leaders. Board members represent the interests of our diverse alumni population and articulate the school's mission to other alumni and friends of the school and university. To nominate yourself to serve on the School of Dental Medicine Alumni Association Board of Directors, please complete the form below and return to our office. Board members will represent the diversity of the alumni community in age, gender, culture, race, and religion.

Name: _____

Year(s) of Graduation: _____

Address: _____

Phone Number: _____ Email Address: _____

Professional Memberships and Volunteer Activities (dental):

Community and Volunteer activities (non-dental): _____

Please explain why you believe you would be a good addition to the Alumni Association

Board of Directors: _____

Return completed form
by fax to (216) 368-3204, by mail to
Case Western Reserve University School of Dental Medicine
Office of Development and Alumni Relations
10900 Euclid Avenue ~ Cleveland, OH 44106-4905
For a list of Board Member responsibilities, please call us at
(216) 368-5758, toll free (877) 468-1436 or email dentalalumni@case.edu

