



CASE WESTERN RESERVE UNIVERSITY School of Dental Medicine

Alumni Association Board of Directors Application

Thank you for accepting your nomination to the CWRU School of Dental Medicine Alumni Association Board of Directors. The Alumni Association Board of Directors seeks outstanding alumni leaders who represent the interests of our diverse alumni population and articulate the school's mission to other alumni and friends of the school and university.

In order that all members may learn more about you, please complete this application and return it to Michelle Hoffman, Director of Alumni Relations and Donor Engagement, at michelle.hoffman@case.edu or mail to School of Dental Medicine, Office of Development and Alumni Relations, 10900 Euclid Avenue, Cleveland, OH 44106-7342.

Name: _____

Year(s) of Graduation: _____

Address: _____

Cell Phone Number: _____ Email: _____

Professional Memberships and Volunteer Activities (dental specific)

Community and Volunteer Activities (non-dental)

Please explain why you believe you would be a good addition to the Alumni Association Board of Directors.
