



2025 ALUMNI ASSOCIATION DUES RENEWAL STATEMENT

UNIVERSITY OF ALABAMA SCHOOL OF DENTISTRY
 ALUMNI ASSOCIATION
 SDB 217 | 1720 2ND AVENUE SOUTH
 BIRMINGHAM, ALABAMA 35294-0007
 205.934.3575 | 205.934.9740 FAX
 UAB.EDU/DENTISTRY

A strong, active Alumni Association is one of the greatest assurances that our school will continue to be at the forefront of dental education. Your continued support is greatly appreciated.

RENEW DUES ONLINE - uab.edu/dentistry/home/alumni

PERSONAL INFORMATION

FIRST NAME		LAST NAME		MIDDLE NAME OR INITIAL	
UAB DMD GRAD YEAR	UAB RESIDENCY & GRAD YEAR		INDICATE IF YOU PREFER TO HAVE MAIL SENT TO <input type="checkbox"/> HOME <input type="checkbox"/> OFFICE		
HOME ADDRESS				HOME PHONE	
CITY		STATE		ZIP	
OFFICE ADDRESS				OFFICE PHONE	
CITY		STATE		ZIP	
EMAIL ADDRESS				CELL PHONE	

ENCLOSE SEPARATE CHECKS FOR PAYMENT - For each section noted below if you do not pay online.

ALUMNI ASSOCIATION DUES (CHOOSE 1 CATEGORY) & DONATIONS

2025 ANNUAL MEMBERSHIP DUES	<input type="checkbox"/> \$100.00 OR _____
2025 YOUNG ALUMNI MEMBERSHIP DUES <small>Applicable only for UAB DMD or Residency Graduates of 2020, 2021, 2022, 2023 *2024 UAB DMD or Residency graduates complimentary</small>	<input type="checkbox"/> \$50.00 OR _____
2025 RETIRED DENTIST MEMBERSHIP DUES <small>Applicable only for alumni 70 years or older who no longer hold a license</small>	<input type="checkbox"/> \$50.00
DONATION TO ALABAMA DENTAL ALUMNI ASSOCIATION - DEAN'S FUND	<input type="checkbox"/> \$ _____
DONATION TO ALABAMA DENTAL ALUMNI ASSOCIATION - JOY B. WHITE FUND	<input type="checkbox"/> \$ _____
PLEASE MAKE CHECKS PAYABLE TO: ALABAMA DENTAL ALUMNI ASSOCIATION TOTAL	<input type="checkbox"/> \$ _____

UAB DENTISTRY DONATIONS

DONATION TO UAB DENTISTRY – ALUMNI ASSOCIATION ENDOWED PROFESSORSHIP II	<input type="checkbox"/> \$ _____
DONATION TO UAB DENTISTRY – EXCELLENCE IN ALABAMA DENTISTRY FUND	<input type="checkbox"/> \$ _____
DONATION TO UAB DENTISTRY – DR. MILTON E. ESSIG SCHOLARSHIP IN DENTISTRY FUND	<input type="checkbox"/> \$ _____
DONATION TO UAB DENTISTRY – SCOTT AND SUSAN HUFFMAN ENDOWED SCHOLARSHIP FUND	<input type="checkbox"/> \$ _____
DONATION TO UAB DENTISTRY – DR. WILSON WRIGHT ENDOWMENT FUND	<input type="checkbox"/> \$ _____
DONATION TO UAB DENTISTRY – DR. PERNG-RU LIU ENDOWED SCHOLARSHIP FUND	<input type="checkbox"/> \$ _____
PLEASE MAKE CHECKS PAYABLE TO: UAB DENTISTRY TOTAL	<input type="checkbox"/> \$ _____