

2018 Membership Form

Yes! I want to support the Alumni Association with a gift to the Membership Fund.

- \$150 Century Club \$500 Scholars Club \$ _____ (Other Amount)
 \$250 McCarthy Associates \$1,000 Dean's Club

Dentist **Dental Hygienist** **Faculty** **Student/Resident** **Friend of the Association**

Name _____ Class _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Office Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Spouse _____ Your Specialty _____

Enclosed is my check for \$ _____ payable to **BOHF/Alumni Association Fund**

Or charge \$ _____ to my Visa® / MC®

Card No. _____

Exp. _____ Security code _____

Cardholder's name _____

Signature _____

Credit card billing address: Home Office

STATUS Active Retired Student Spouse

SEND Mail to: Home Office

Texas A&M College of Dentistry Alumni Association

Honors all graduates of:

State Dental College

Baylor University College of Dentistry

Baylor College of Dentistry

Baylor College of Dentistry, a member of the Texas A&M University System

Texas A&M University System Health Science Center – Baylor College of Dentistry

Texas A&M Health Science Center Baylor College of Dentistry

Texas A&M University Baylor College of Dentistry

Texas A&M College of Dentistry

Your membership contribution is deposited into the Alumni Association account managed by the Baylor Oral Health Foundation, a tax exempt (501(c)3) charitable organization. Because your contribution is tax deductible, you will receive a letter from the BOHF for tax purposes.



**Let us communicate
with you via email.
Go to
dentistry.tamhsc.edu/alumni
and opt-in to receive
campus and alumni updates!**



Thank You!