

# Delta Delta Sigma

THE UNIVERSITY OF WASHINGTON'S PRE-DENTAL SOCIETY

## Membership Application

Name

UW NetID

Phone Number

Email

Mailing Address

College or University

Class Standing

Age

Major (or Intended Major)

**Interest level?** ☐ Serious ☐ Interested ☐ Just Curious

**Will you be applying to dental school in the next cycle?** ☐ Yes ☐ No

**Requests for socials, meeting topics, etc.?** \_\_\_\_\_

## Optional Demographic Information

(For use in dental school survey)

**Gender?** ☐ Female ☐ Male ☐ Other: \_\_\_\_\_

**Ethnic Identity?** ☐ Black/African American ☐ Korean/Korean American

☐ American Indian/Alaska Native ☐ Mexican/Mexican American/Chicano

☐ Chinese/Chinese American ☐ Vietnamese/Vietnamese American

☐ East Indian/Pakistani ☐ White/Caucasian

☐ Filipino/Filipino American ☐ Pacific Islander

☐ Japanese/Japanese American ☐ Other: \_\_\_\_\_

## Membership Fee

Please include your \$15.00 membership fee with this application. Cash and check (payable to Delta Delta Sigma) are accepted. Applications may be brought to meetings.