

Delta Delta Sigma

University of Washington Pre-Dental Society

2006-2007 Membership Application

Name: _____

Email: _____

Mailing Address: _____

Phone Number: _____

Are you a UW student? [Yes] [No]

If [No], what school do you attend? _____

Class: [Freshman] [Sophomore] [Junior] [Senior]

Age: _____

Major: _____

Interest Level: [Serious] [Interested] [Just Curious]

Requests for socials, meeting topics, etc.: _____

Optional:

Gender	Ethnic Identity: [For use in Dental School Survey]	
<input type="checkbox"/> Female	<input type="checkbox"/> Black/African-American	<input type="checkbox"/> Korean/Korean-American
<input type="checkbox"/> Male	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Mexican/Mexican-American/Chicano
	<input type="checkbox"/> Chinese/Chinese-American	<input type="checkbox"/> Vietnamese/Vietnamese-American
	<input type="checkbox"/> East Indian/Pakistani	<input type="checkbox"/> White/Caucasian (includes Middle Eastern)
	<input type="checkbox"/> Filipino/Filipino-American	<input type="checkbox"/> Pacific Islander
	<input type="checkbox"/> Japanese/Japanese-American	Other: <input type="text"/>

****Please turn in your \$10.00 membership fee (cash or check payable to Delta Delta Sigma) with this application****
(Membership entails a "paid in full" status)