



Pre-Dental Association Membership Contract 2015-2016

Name: _____ Year: _____

E-mail: _____ Are you Pre-Dental?: _____

Interested in PDA because (five words or less): _____

Thank you for your interest in joining the Pre-Dental Association for 2015-2016! Please fill out this form and turn it in to us or email it to lucpda@gmail.com by September 30th. This contract and your dues should be returned to our Treasurer, Mehul Patel.

Membership Requirements:

Members are responsible for earning a minimum of ten points per semester. One point is awarded for each general body meeting and two points are awarded for each event attended. Of the ten points, two must be awarded from attending a community service event. If you are not able to make points due to having a conflicting schedule, please reach out to the President, Jordan Wirtz, to determine how and if you can still be eligible for membership.

Additionally, members must submit this contract and dues of \$25 per year.

Please print your name in the space provided below.

I, _____, agree to the aforementioned stipulations and am willing to make the time commitment necessary to join the Pre-Dental Association.

X: _____ Date: _____