

## University at Buffalo Dental Alumni Association

### 2026 Membership Renewal / Application

Please help us keep our computer database updated by providing all of the following information.

Name \_\_\_\_\_

Office Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Office Phone \_\_\_\_\_

Home Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Preferred Address:      Home      Office

UB DDS Degree \_\_\_\_\_ UB Post-Grad Degree \_\_\_\_\_

Specialty \_\_\_\_\_ Retired:      Yes      No

\$75 Annual Dues \_\_\_\_\_

**Make check payable to UB Dental Alumni Association and mail with this form to:**  
**University at Buffalo, Office of Alumni Relations and Professional Engagement**  
**337 Squire Hall, Buffalo NY 14214-8006**  
**Or Call: (716) 829-2061 or FAX: (716) 829-3609**  
**Email: [sdmalum@buffalo.edu](mailto:sdmalum@buffalo.edu) Website: [dental.buffalo.edu/alumni](http://dental.buffalo.edu/alumni)**