

Pre-Dental Club Member Application

Name: _____

Address: _____

City: _____ State _____ Zip _____

Cell phone: _____ Email: _____

Current University: _____

Potential Bachelor's graduation date: _____

Projected application date (year) to apply to the DMD program: _____

**Please email completed LMU-CDM Pre-Dental Club application to
Trish.Walker@LMU.net.**