



UMSOD Student Club Information

Completing this form provides important information to the Office of Student Affairs, enabling the School of Dentistry to promote, recognize, and support your efforts. Please keep us updated throughout the academic year, and remember that we are here as a resource for you. Thank you for your time.

Name of Student Club:

Please select one: Plan to Continue

Plan to Disband

Mission Statement:

Faculty Advisor & Email:

Club Email:

Club Social Media Handle(s) and/or website, if applicable:

Executive Board Membership (first name, last name, & position):

List of Student Members:

1. Are there annual dues or a membership fee?
 - a. If so, how much?
 - b. How are the funds used throughout the academic year?:

2. Does your student group maintain a bank account?

3. Do you collaborate with any other student groups at UMB? If so, which ones?

4. Does your student group have a national association affiliation, or other external affiliations, if applicable:
 - a. Do any of your members hold positions in the national/external association? Please list their name & position held:

5. Does your student group require participation in community outreach projects?
 - a. If yes, how many hours are required per academic year?

6. Does your student group have annual recognition events, special annual programming, etc.?
 - a. If yes, please explain so we can highlight your efforts.