

Legislative Awards Application

NOTE: PLEASE COMPLETE THE ENTIRE FORM. *Application deadline is April 23, 2012.*

You may enter a project in more than one category but,
for each entry, you must submit a separate application and materials. You may duplicate this application.

NAME OF APPLICANT

(AADA member or chair who did the project or event)

Name _____

Home Address _____

City, State Zip _____

Phone _____

Cell _____

Fax: _____

E-mail _____

Signature _____

Date _____

CHECK CATEGORY

I am a constituent legislative chair.

I am a constituent president.

I am a component legislative chair.

I am a component president.

I am an individual member.

I am a national member-at-large.

Component (local) _____

Constituent (state) _____

Has this project/event been submitted for this award
before? *Please check one:* Yes No

CHECK AWARD CATEGORY

Alliance members' political education (workshop,
seminar, bulletin, etc.)

Participation in local, state and/or national political
campaign activities

Support of a local, state or national dental political
issue

Most creative activity

PROJECT INFORMATION

Project Title _____

Purpose _____

Target Audience _____

Number of Volunteers _____ Number of Volunteer Hours _____ Cost _____ Number of People Reached _____

PROJECT DESCRIPTION

Please attach and send **no more than 2 pages** of a Project Description.

Materials and photographs will not be returned.

RETURN THIS FORM BY: April 23, 2012

SEND TO: Alliance of the ADA • 211 East Chicago Avenue, Suite 730 • Chicago, IL 60611 **OR** trish@allianceada.org

QUESTIONS? You may call Trish at the AADA Central Office at 800.621.8099 EXT 2865 or 312.440.2587.