

Membership 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 membership chair.

I am a constituent president.

I am a component membership 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-sponsored event with a dental school to educate, organize, or sustain a Student Spouse Alliance

Most creative member recruitment program
(Please report the actual number of members retained or recruited)

Most creative member retention program
(Please report the actual number of members retained or recruited)

Most creative use of IT Materials for Alliance membership recruitment and retention
(Please report the actual number of members retained or recruited)

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.