

Thelma J. Neff Distinguished Service Award Application
Recognizing members making outstanding contributions to their Alliance

THIS ENTRY IS SUBMITTED BY

Name _____

Home Address _____

City, State _____ Zip _____

Phone _____ Cell Phone _____ Fax _____

E-mail _____

CHECK CATEGORY

- I am a district trustee * I am a constituent president * I am a component president *
 I am an AADA member I am a constituent president-elect I am a component president-elect

Constituent (state) _____

Component (local) _____

Signature _____ Date _____

* Component or Constituent Presidents submit for Component or Constituent members. However, if the Component or Constituent President is the nominee, then the Component or Constituent President-elect should submit the application. The Constituent President or District Trustee will submit for Members-at-Large.

NEFF NOMINEE

Nominee's Name _____ AADA Member Number of Years * _____

Spouse's Name _____

Home Address _____

City, State _____ Zip _____

Phone _____ Cell Phone _____ Fax _____

E-mail _____

* **Candidate must have been a tripartite member or a member-at-large for more than ten years.** Prior Spencer recipients are ineligible until five years after they received the Spencer Award. Past Neff recipients are ineligible.

NOMINEE'S CONTRIBUTIONS

Please attach a description about why the candidate should be considered for the Neff Award, noting only significant contributions made by the candidate to her/his Alliance on the local (component), state (constituent), and/or nation level(s) in the areas of leadership, dental health education, legislative advocacy, and well being of the dental family. **Materials and photographs will not be returned.**

RETURN THIS FORM BY: April 23, 2012

MAIL 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: 800.621.8099 EXT 2865 or 312.440.2587.