Alliance of the American Dental Association
Application for Elected Office
2010-2011 Board of Directors

INSTRUCTIONS

Complete this application in its entirety; attaching additional pages if necessary. Please allow ample time when applying as this form requires an appropriate signature acknowledging that the applicant is a member in good standing (see Election Policy regarding signature). **This application for elected office must be postmarked no later than February 1, 2010.**

CANDIDATE INFORMATION

Name _____ Spouse's Name _____
First Last

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Fax: _____ Email _____

Years of AADA Membership _____ Current Dues Paid ☐ Yes ☐ No

EXECUTIVE COMMITTEE POSITION(S) AVAILABLE

Indicate interest in serving in one or more elected positions by listing a "1" as 1st choice, "2" as 2nd choice, etc.

_____ President-Elect [1, 4, 5]
_____ Vice President [1, 3]
____ Treasurer [2, 3]
____ Recording Secretary [1, 3]

TRUSTEE POSITION(S) AVAILABLE [2, 6]

Indicate interest by putting a check in the appropriate box

District ☐ 2 ☐ 4 ☐ 6 ☐ 8 ☐ 10

NOTES

1 One-year term
2 Two-year term
3 To be considered, a nominee must have previously served at least one year on the AADA Board of Directors.
4 To be considered, a nominee must have previously served at least one year on the AADA Board of Directors and at least one year on the AADA Executive Committee.
5 Automatic succession to President
6 Trustees in districts 2, 4, 6, 8, 10 take office in even numbered years (2010-2012). Trustees in districts 1, 3, 5, 7, 9 and Student Spouse Trustee take office in odd numbered years (2011-2013).

CANDIDATE STATEMENT

Explain why you wish to be considered for service on the AADA Board of Directors. Limit your remarks to 100 words or less.

_____
_____
_____
_____
_____

CANDIDATE QUALIFICATIONS

Identify all **AADA (national)** activities in which you have participated. Include all positions held (i.e. board, council, committee, task force, focus group, etc.) and years of applicable service.

_____
_____
_____
_____

Identify all **constituent (state)** activities in which you have participated. Include all positions held (i.e. board, council, committee, task force, focus group, etc.) and years of applicable service.

_____

_____

_____

_____

_____

Identify all **component (local)** activities in which you have participated. Include all positions held (i.e. board, council, committee, task force, focus group, etc.) and years of applicable service.

_____

_____

_____

_____

_____

Detail all other relevant qualifications to serve; include both professional and/or other volunteer experience, as applicable.

_____

_____

_____

CANDIDATE CONSENT

I hereby acknowledge that I have reviewed the AADA Bylaws concerning the duties of the above-specified board position(s) and consent to serve, if elected. I further agree to attend all required executive committee, board of directors and/or trustee meetings associated with the elected position.

Signature _____ Date_____

STATE PRESIDENT OR DISTRICT TRUSTEE SIGN OFF (SEE ELECTION POLICY REGARDING SIGNATURE)

Name _____
First Last

Position _____

State or District _____

Address _____

Home Phone _____Work Phone _____ Cell Phone _____

Fax: _____ Email _____

Please make a *CONFIDENTIAL* statement about the candidate's ability to serve in the applied for position:

_____

_____

_____

Signature _____ Date _____

*Send completed application postmarked by **February 1, 2010** to:*
Anne Morrison, Nominating Committee Chair, 2459 N. 148th Street, Omaha, NE 68116