

Beulah K. Spencer New Member 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.

SPENCER 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 ten (10) years or less. Prior Spencer recipients and student spouse members are ineligible.

NOMINEE'S CONTRIBUTIONS

Please attach a description about why the candidate should be considered for the Spencer 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: postmarked or received by fax or e-mail dated by January 16, 2012

MAIL TO: Alliance of the ADA, 211 East Chicago Avenue, Suite 730, Chicago, IL 60611

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