

Georgia Dental Hygienists Associations NOMINATIONS FORM

PART 1. NOMINATION:

I _____ officially declare myself as a candidate for the following elective office of the Georgia Dental Hygienists' Association for the year of _____.

___ President-elect ___ Vice President ___ Secretary ___ Treasurer

___ ADHA Delegate/Alternate ___ Speaker of the House

PART II. CANDIDATE'S RECORD OF SERVICE & QUALIFICATIONS

A. Membership: ADHA ___ years GDHA ___ years

Component name: _____ years

B. Licenses: ___ Georgia years ___ Other: _____

C. Offices held:

ADHA: List positions and year.

GDHA: List position and year.

Local Component: List position and year.

D. Councils/Committees:

ADHA: List positions and year.

GDHA: List positions and year.

Component: List positions and year.

E. Community Services outside of the professional association that bring additional qualifications for the Office to the Association: (name the organization and describe the services you provided)

PART III -- CANDIDATE'S ACCEPTANCE OF THE NOMINATION:

I, _____, hereby accept my nomination for the office of _____ for the year of _____ - _____.

Signature of nominee _____ Date: _____

Submit application to: gdhwebmaster@gmail.com