

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 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 _____

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 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: February 1st

MAIL TO: Alliance of the ADA • P.O. Box 1982, Brandon, FL 33509 **EMAIL:** info@allianceada.org

QUESTIONS? Call the AADA Central Office: (813) 540-2154