

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 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 an AADA member may 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 February 15, 2018

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

QUESTIONS? You may call the AADA Central Office: (813) 540-2154