



# Nomination Form

Please return along with your signed  
Nominee Commitment Letter, Bio & Photo  
By 8:00am, April 19, 2019

Member Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## Self-Nomination

- I am interested in being nominated for the position of **Board of Directors (4 positions open)**

Qualifications: Directors at-large shall serve for a term of two (2) years. The Directors at-large shall assume their offices on July 1<sup>st</sup>. No person shall serve more than two (2) consecutive terms, by election, of two (2) years each unless he or she becomes an officer of the Society. Directors shall take office at the July Board of Directors meeting. An Active or Active Life member in good standing in the Society for at least three (3) consecutive years who has served on a Society committee, the Metro Denver Dental Foundation (MDDF) Board of Directors or an MDDF committee within the last five (5) years, shall be eligible to serve as a Director at-large. Elected members of the Board of Directors may not serve concurrently as a CDA Trustee, Alternate Trustee or CDA Officer. A member of the MDDS Board of Directors may not serve concurrently as a chair of an MDDS Committee, except where provided in the MDDS Bylaws.

- I am interested in being nominated for the position of **Secretary**

Qualifications: Only an Active or Life member in good standing for five (5) consecutive years as of July 1<sup>st</sup>, having served as an MDDS committee or taskforce chair or associate chair, MDDF committee chair, or served on the MDDS or MDDF Board of Directors within the last five (5) years shall be eligible to serve as an officer. An MDDS officer shall not serve concurrently as a CDA or ADA officer.

## Peer Suggestions

Please offer any suggestions for Member Dentists whom you feel should serve in a leadership position at MDDS. The Leadership Development Committee will contact these individuals.

\_\_\_\_\_

## Committee Interest

- I am interested in serving on a committee. Please contact me.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this Nomination Form along with your signed Nominee Commitment Letter, Bio & Photo to MDDS at:  
925 Lincoln Street, Unit B  
Denver, CO 80203  
Fax: (303) 488-0177

Shelly Fava, Executive Director, [director@mddsdentist.com](mailto:director@mddsdentist.com)