



# Nomination Form

Due by April 25, 2025

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

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

Any MDDS member in good standing may either nominate a peer member in good standing or themselves for the following:

**I wish to nominate the above MDDS Member for a **Director** position on the Board of Directors (3 Open)**

Qualifications: Directors shall assume office on July 1 and serve a term of two (2) years. No person shall serve more than three (3) consecutive terms unless they become a Society Officer. An MDDS Active, Retired or Life member in good standing for at least three (3) consecutive years who has served on a Society committee (may be waived by the MDDS Board) shall be eligible to serve as a Director. Elected members of the Board of Directors may not serve concurrently as a CDA Trustee or Officer.

**I wish to nominate the above MDDS member for the position of **Secretary** (1 Open)**

Qualifications: The Secretary shall assume office on July 1 and will succeed each year to the next standing officer position culminating in President of MDDS. An MDDS Active, Retired or Life member in good standing for three (3) consecutive years, having served on an MDDS committee or taskforce or the MDDS Board of Directors within the last five (5) years (may be waived by the MDDS Board) shall be eligible to serve as an officer. An MDDS officer may not serve concurrently as an ADA or CDA officer.

**I wish to nominate the above MDDS Member for the position of **CDA Trustee** (1 Open)**

Qualifications: The Trustee shall assume office on July 1 and serve a three (3) year term. Only a member, in good standing, for five (5) consecutive membership years shall be eligible to serve as CDA Trustee. The CDA Trustee shall have served as an Officer or Board member within the last five (5) years or shall have served as a Delegate to the CDA House of Delegates for three (3) consecutive years immediately prior to the CDA Annual Session. The CDA Trustee cannot serve concurrently as a CDA or ADA elected officer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return form 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)

**If you are self-nominating, please also include signed Nominee Commitment Letter, Signed Commitment Calendar, a brief Biography and a Photo.**