

**ALLIANCE OF THE AMERICAN DENTAL ASSOCIATION
2017 MEMBER SERVICE AWARDS PROGRAM**



Beulah K. Spencer New Member Service Award Application
Recognizing members making outstanding contributions to their Alliance
Due January 31, 2017

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 _____

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 add 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.