
SFC, Action Group or SFC Chair Candidate Submission Form

Name	
Address	
Preferred Phone	
E-Mail	
Geographic District Designation	
Trustee District Number	
Submitted by	

Position desired:

☐ SFC Member

☐ SFC Chair

☐ Direct to Dentist Action Group Member

☐ Public Profession Action Group Member

☐ Tripartite Action Group Member

Statement of qualifications which should clearly delineate suitability for the role the candidate is hoping to fill
(e.g., position of student, faculty, dentist, industry, etc. as well as skill set for the subject matter at hand):

--

SUBMIT YOUR FORM and attachments to: SFC@ada.org

Note: Please remember to attach your resume/CV.

Questions: Contact SFC@ada.org.