



SFC Subcommittee, 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 ☐ SFC Chair

☐ Direct to Dentist Customer Subcommittee ☐ Tripartite Customer Subcommittee

☐ Professional/Public Customer Subcommittee ☐ Enterprise Customer Subcommittee

☐ Direct to Dentist Customer Action Group ☐ Tripartite Customer Action Group

☐ Professional/Public Customer Action Group

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):

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

Note: Please remember to attach your resume/CV.

Questions: Contact ADA at SFC@ada.org.