#### Committee/Subcommittee Indiana Dental Association

#### Application Form

**1. Nominee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Phone: |  |

|  |  |
| --- | --- |
| Address: |  |

|  |  |
| --- | --- |
| Email: |  |

**2. Position Selection**

*Please check all positions that you are interested in.*

❒ Professional Development and Planning Committee ❒ Communications Committee

❒ Academy Subcommittee ❒ Website Subcommittee

❒ Dental Practice Committee ❒ Editorial Subcommittee

❒ Dental Education Subcommittee ❒ Membership Committee

❒ Dental Benefits Subcommittee ❒ AIR Subcommittee

❒ Medicaid Subcommittee ❒ Nominating Subcommittee

❒ Peer Review Subcommittee ❒ Strategic Planning Committee

❒ Dental Public Health Committee ❒ Finance Committee

❒ Drinks Destroy Teeth Subcommittee ❒ Membership Insurance Committee

**3. Previous Experience**

*Have you had previous component or IDA experience that would assist you in this role?*

|  |  |  |
| --- | --- | --- |
| ❒ Yes | If yes, dates of service: |  |
| ❒ No |

**4. Personal Statement**

*In 100 words or less, explain why you would be a good candidate to serve in the above role:*

|  |
| --- |
|  |

**5. Deadline for Nominations**

All nominations must be received at the Indiana Dental Association office by **March 15, 2019**. Nominations may be returned to Doug Bush at doug@indental.org, mailed to IDA, 550 West North St, Suite 300, Indianapolis, IN 46202, or completed online at.

 **Questions?**Please contact Doug Bush at doug@indental.org or Laurie Campbell at laurie@indental.org or call 800.562.5646.