

Georgia Dental Hygienists' Association Bio-Data Form

Please print or type on this form. Note: Only Members of GDHA Are Eligible for Positions. Name ADHA Membership Number Home Address _____ City _____ State ____ Zip _____ Phone() _____ Circle: Cell Home Work Email: _____ License Number: _____ State: _____Status: ____ License Number: State: Status: Current Professional Position: Elective Office You are Seeking (put an X in front of position): ____ President-Elect; ____ Vice-President; ____ Secretary; ____ Treasurer; ____ Speaker of the House ____ ADHA Delegate/Alternate Appointments to GDHA Action Committees (put an X in front of position: ____ Advocacy Committee; ___ Communications Committee; ___ GDHA Procedures Committee; ___Institute of Continuing Education; ___Member Engagement Please attach a brief resume (typed) including the following information in this order: I. Education; II. Association Experience (Component, Constituent & National); III. Professional Experience (Private Practice, Education, Public Health, etc.); IV. Related Experience (Liaison Activities, Legislative Activities, Foundation/Fundraising); V. Awards/Recognition This information is limited to one page of 8 ½ X 11 paper which may be printed on both sides. The form bio-data and resume will be forwarded to the President-Elect for consideration. A cover letter may be attached but will not be attached to the information that is to be forwarded. COMMITMENT: I understand acceptance of appointment to any GDHA position indicates a substantial personal commitment for one year, as well as a willingness to represent the GDHA mission, goals, and policies. I assume responsibility for updating GDHA of any changes in the above information. I understand that I will be required to sign a Conflict of Interest form and a Rules of Conduct form. Signature: Date: Email forms to:gdhawebmaster@gmail.com

To Include: GDHA Bio-Data Form and Resume.