



CALIFORNIA
DENTAL ASSISTANTS
ASSOCIATION

Nomination Form For Officers

Nominees: Please complete this form in its entirety, sign as indicated and send to the CDAA Nominating Chair at info@cdaaweb.org along with a professional looking headshot no later than March 15th of the election year. This completed form will be posted in the *Members Only* section of the CDAA website. Incomplete forms and/or handwritten forms will not be accepted and will be returned to the nominee.

As per the CDAA Bylaws: Only professional, life or special members shall be eligible to serve as an officer. To be eligible to serve as President, First Vice-President, Second Vice-President or Secretary the member shall have served as a voting member of the Board of Directors for one (1) year.

For more information about the requirements of the position, you can refer to the bylaws and or the manual of procedures in the [members only section of the CDAA website](#).

_____ is nominated as a candidate for
(Nominee's Name)
_____ of the California Dental Assistants Association.
(Name of Office)

Provide the position as voting member of the Board of Directors and year served that makes you eligible for this office:

Position: _____
Year served: _____

Nominee's Email: _____
Nominee's Phone number: _____
ADAA #: _____
Local organization to which you belong: _____

I hereby state that the information contained in this application is true and if elected to the above-mentioned office, I will accept the responsibilities of that office and will serve to the best of my ability. I will uphold and support the policies of the American Dental Assistants Association and California Dental Assistants Association.

Signed name of Nominee
typed signature is acceptable

Date

Note: Results of the election will be communicated to all nominees on or before the CDAA Annual Member meeting and prior to publication of the results of the election. Nominees should plan to be in attendance at the CDAA Annual Member meeting and Post-Board meeting.

Position Statement:

Please tell us why you would like to serve as an officer in the CDAA and what you would like to see accomplished in the coming year. To advance to the next line, hit TAB.

**Previous council/committee or officer experience (Local, State and National).
Please enter most recent first.**

| Position | Year | Organization |
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