**Nomination Form**

**2018 Board of Directors**

2018 Executive Committee

*The Officers of the Board of Directors will consist of the following positions. Not all will be open for election for the 2018 term.*

OPEN Positions:

* Vice President
* Treasurer
* Secretary

Positions NOT up for Election:

* President
* President-Elect
* Immediate Past President
* Editor

2018 Board Director Positions

*All positions listed below will be open for election for the 2018 term.*

* Director, Academic Affairs
* Director, Archives
* Director, Corporate Relations
* Director, Federal Services
* Director, Health Awareness
* Director, Local Chapters
* Director, Student Chapters
* Director, Member Benefits & Values
* Director, Public Relations
* Director, Professional Organizations
* \*\*Student Representative (2)

*\*\*Nominations for the Student Representatives to the Board should follow the same format as the other directors with the addition of the following step. This process is added to allow active students to select their own representatives instead of being chosen by the Nominating Committee. Students who are nominated for the Student Representative positions will need to be present during the Student Session at the AAWD Annual Conference where they will be given three minutes to introduce themselves and verbally enhance their nomination. The students present at the Student Session will then cast a ballot for the two positions. The names will be announced immediately following the counting of ballots.*

**Nomination Form**

**2018 Board of Directors**

**Contact Information**:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete the following**:

1. Yes, I want to volunteer for a leadership position in the AAWD. I am interested in the following position(s):

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. I want to be involved as a board member because:

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3. I understand that as a volunteer, time, energy, and travel to national meetings are part of leadership in dentistry. \_\_\_\_\_ YES \_\_\_\_\_ NO

4. I would like more information on the position(s) of:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. List any special interests or skills you would like to learn/teach as a leader in AAWD:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this form to the AAWD National Office by **June 30, 2017**.

Thank you and we appreciate your interest in AAWD!