

DDSA Nomination Form

Nomination deadline: September 13, 2024

(Attach additional documentation and notes as necessary with this nomination form)

NAME OF NOMINEE _____

SCDS MEMBERSHIP YEARS (20 years minimum) _____

AGE OF NOMINEE (nominee must be at least 60 years of age) _____

YEARS AND TYPE OF SERVICE (25 years of service minimum)

PLEASE PROVIDE A BRIEF SUMMARY OF WHY YOU FEEL THIS PERSON IS WORTHY OF NOMINATION (attached additional documentation as needed)

NOMINATOR'S NAME _____ **DATE** _____

PHONE: _____ **EMAIL** _____

Please complete this form and mail to the SCDS Executive Office no later than 9.13.24

mail to: SCDS • 6200 Frank Avenue, NW • North Canton, OH 44720
or email to: mail@starkcountydentalsociety.org

Thank you for participating in the DDSA Nomination process.