



Suffolk County
DENTAL SOCIETY

SUFFOLK COUNTY DENTAL SOCIETY

of the State of New York, Inc.
150 Motor Parkway, Suite 123
Hauppauge, New York 11788
Tel: (631) 232-1400

E-mail: Contact@SuffolkDental.Org Web: www.suffolkdental.org

DIRECTOR OF THE SUFFOLK COUNTY DENTAL SOCIETY NOMINATION FORM

Nominations are in order from members in good standing and may be submitted to the Dental Society offices. A member may nominate themselves for a Director position. Additional nominations may be made from the floor at a General Membership Meeting. Elections shall take place at the next General Membership Meeting provided the application is filed at least 10 business days in advance of the upcoming General Membership Meeting or else the application shall be considered at the following General Membership Meeting. The term of office of a Director is 1 year and can be renewed the following year.

This form must be submitted to the SCDS offices:

Mail to: Suffolk County Dental Society, 150 Motor Parkway, Suite 123, Hauppauge, NY 11788, or **Scan and email to:** contact@suffolkdental.org

Please place my name in nomination for a position of Director of the Suffolk County Dental Society.

Nominee name: *Please print* Degree(s): ADA #:

Office address

Office Phone Personal Email

Home Address Cell Phone

I agree to attend seven Monday evening Board meetings at the SCDS offices during the year, and to actively participate in Board and Society events.

Special talents or areas of interest:

I am interested in joining the following Committees (please check):
Some available committees are listed below; some special Committees are by invitation only. [See Bylaws](#) for complete list and description:

- [] Education/Continuing Education [] Membership [] Golf [] GKAS
- [] New Dentist [] Give Vets a Smile
- [] Other – please specify

Signed _____ Date _____

OFFICE USE ONLY - Validation of membership and eligibility: [SCDS stamp/initials]