



Two Willow Street  
Southborough, MA 01745-1027  
800.342.8747 • Fax: 508.480.0002  
[massdental.org](http://massdental.org)

## Application for MDS Board of Trustees Position Governance Year Beginning July 1, 2024

Thank you for your interest in being a member of the Massachusetts Dental Society Board of Trustees. As a member of the Board, you have the opportunity to play a significant role in setting the long-term direction of the MDS. The MDS values and seeks diverse leadership as defined by race, ethnicity, gender, religion, age, sexual orientation, nationality, disability, appearance, geographic location, professional level, etc.

Full Name

Primary District

Region

Phone

Email

Position Applying for:

Speaker of the House (2-Year Term)

Treasurer (2-Year Term)

Regional Trustee (2-Year Term)

At-Large Trustee (1-Year Term)

Please review the Regional Trustee/At-Large Trustee requirements and duties on the [Governance Information page](#) on the MDS website and check that you have read and understand them.

Have you ever served on a District Executive Committee, MDS Committee, or similar leadership roles in other organizations? Yes      No

Have you ever participated in any leadership training programs through the MDS, ADA or other organization? Yes      No

Do you have a valid Massachusetts dental license? Yes      No

Have you ever been disciplined by the Board of Registration in Dentistry? Yes      No  
If so, please explain:

I certify that all information provided in this application is true and complete. I understand that any false information or omission may disqualify me from further consideration for the position I am applying for and may result in my removal from the position if discovered at a later date.

Signature

Date

---

For internal use only

District letter of support

Candidate CV

Candidate personal statement explaining why they would like to be on the Board

Conflict of Interest and Disclosure Compliance Statement (included with this application)

**Please submit this application to your District  
Secretary for inclusion with your Candidate  
Information Packet**

## ANNUAL CONFLICT OF INTEREST DISCLOSURE AND COMPLIANCE STATEMENT

Please complete each question to the best of your knowledge. You may list your answers directly on this form, or you may provide your answers on a separate sheet of paper.

The following terms used in this statement have the following meanings:

"Society": Massachusetts Dental Society

"Entity": any corporation, limited liability company, trust, association, partnership, firm, or venture.

"Family": as defined in the Society's Conflict of Interest Policy.

"Covered Interest": as defined in the Society's Conflict of Interest Policy.

"Covered Persons": as defined in the Society's Conflict of Interest Policy.

### Part I: Disclosure Statement

1. Covered Interest: Do you or any member of your Family have or plan to hold a Covered Interest?

No:

Yes:

If yes, please describe the Covered Interest.

2. Relationship with other Covered Persons: Do you have a family or business relationship with any other Covered Persons?

No:

Yes:

If yes, please describe the relationship.

3. Office in Other Entities: Do you or any member of your Family serve as an officer, director, trustee, key employee, partner, member, or shareholder of an entity having a relationship with the Society?

No:

Yes:

If yes, please list the name of each entity, the position held, and the term of office/role.

## **Part II: Compliance Statement**

I acknowledge that I have received and read a copy of the Society's current Conflict of Interest Policy (the "Policy"). I agree to comply with the Policy and understand that I have the continuing responsibility to abide by the Policy. I understand that the organization is charitable and that in order to maintain its federal tax exemption, it must engage primarily in activities which accomplish one or more of its tax-exempt purposes.

I do not, and to my knowledge my Family does not, have any conflicts of interest as described in the Policy, except as may be noted above. I will update this Statement promptly upon becoming aware of any inaccuracy or incompleteness to this information.

Signature

Position Applying For

Name (Please Print)

Date