

Two Willow Street Southborough, MA 01745-1027 800.342.8747 • Fax: 508.480.0002 massdental.org

Application for MDS Board of Trustees Position Governance Year Beginning July 1, 2022

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 advancing the dental profession and in enhancing the value of membership for MDS members and prospective members. 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			
Speaker Regional	r: r (2-Year) of the House (2-Year Term) Trustee (2-Year Term) Trustee (1-Year Term)		
	egional Trustee/At-Large Trustee requirements and dution page on the MDS website and check that you have		
Have you ever serve roles in other organi	d on a District Executive Committee, MDS Committee, o zations? Yes No	or similar leadership	
Have you ever participated in any leadership training programs through the MDS, ADA or other organization? Yes \(\square \) No \(\square \)			

Do you have a valid Massachusetts dental license? Ye	s No No
Have you ever been disciplined by the Board of Regist If so, please explain:	ration in Dentistry? Yes No No
I certify that all information provided in this applice that any false information or omission may disqualify position I am applying for and may result in my removalater date.	me from further consideration for the
Name	 Date
 □ District letter of support included □ Candidate CV included □ Candidate personal statement explaining wincluded 	hy they would like to be on the Board