

## 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.

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Name

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Date

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- ☐ District letter of support included
  - ☐ Candidate CV included
  - ☐ Candidate personal statement explaining why they would like to be on the Board included
  - ☐ Conflict of Interest and Disclosure Compliance Statement submitted

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

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