

**Application to Nominate for Elective Office of the KDA (PLEASE PRINT)**

Find Application Packet documents at [kda.org](http://kda.org) | [Kentucky Dental Association \(kyda.org\)](http://KentuckyDentalAssociation.org)

Full Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Number \_\_\_\_\_ Email \_\_\_\_\_

KDA Component Society \_\_\_\_\_

**Please check the 2021 elective position for which you are applying:**

☐ Second Vice President

☐ Delegate to the ADA – 2022 #1

☐ Delegate to the ADA – 2022 #2

☐ Alternate Delegate to the ADA – 2022 #1

List offices held in ADA/KDA/Component Society

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List other highlights from your Curriculum Vita

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