

Date: _____

American Dental Assistants Association

MEMBERSHIP BIOGRAPHICAL SKETCH FORM

Name, Designation(s) _____

Practice/Business Name _____

Position _____

Business Address _____

City _____ State _____ Zip _____

Telephone: Business (_____) Home (_____)

Business FAX (_____) Home FAX (_____)

Home Address _____

City _____ State _____ Zip _____

Name of spouse (if applicable): _____

Name of children (if applicable): _____

BUSINESS

How many years have you been a dental assistant? _____

Year in which you received your designation: _____

How long have you been employed by your present employer? _____

As a dental assistant, what are your areas of responsibility?

- Chairside Office Management Lab Technician Educator Insurance
 Sales Person Librarian Hygienist Dentist Other _____

ADAA ACTIVITIES

National Activities

Summary of most important offices held _____

Local/State Activities

Name of Association _____

Offices held (past and present): _____

Career Activities

In addition to professional activities, list any career-oriented accomplishments: _____

Community Activities

Are you a member of civic or fraternal organizations in your community? _____

Please list offices and year held: _____

Other memberships: _____

Education

High School _____ College _____

Other _____ Major/Minor Degree _____

I would like press releases sent to the following media in my community (in addition to daily papers, including neighborhood and business publications, etc.):

Publication

Contact

Address

If you wish **NO** releases sent, please check this box.

Please return this form to: **ADAA**
PR/Marketing Department
35 East Wacker Drive, Suite 1730
Chicago, IL 60601-2211