



SDHA

Saskatchewan Dental Hygienists' Association

320-350 3rd Ave N
Saskatoon SK S7K 6G7

Office: 306-931-7342
Email: registrar@sdha.ca

Self-Nomination Form for Election to SDHA Council

Name: _____

Address: _____

City: _____ Prov _____ Postal Code _____

Phone: _____ Work: _____

Email: _____

I, _____ allow my name to stand for election to the SDHA Council at the upcoming Annual General Meeting, and I authorize the SDHA to circulate my name and biographical information for review and consideration by the voting members of the SDHA.

SDHA License Number:

Signature:
(please print and sign)

Education:

Dental Hygiene Program/Institution: _____

Graduation Year: _____

Other Post-Secondary Education:

Dental Hygiene Professional Experience(s):
Please include practice settings and areas of responsibility.

Volunteer and/or Professional Activities:
Please include past or present experiences on Board(s), Council(s), or Committee(s)

Please write a 1 or 2 paragraph biography that also explains your interest in being a member of Council.

Please scan and sign the completed form and email to registrar@sdha.ca
Thank you for your interest in the SDHA