



# SDHA

## Saskatchewan Dental Hygienists' Association

320-350 3<sup>rd</sup> Ave N  
Saskatoon SK S7K 6G7

Office: 306-931-7342  
Email: sdha@sasktel.net

### 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 [sdharegistrar@sasktel.net](mailto:sdharegistrar@sasktel.net)  
Thank you for your interest in the SDHA