



Nominate yourself or a colleague to be added to the candidate pool for future elections for the Idaho Oral Health Alliance Board of Directors. Nominations will be kept on file for three years. Submission of nomination does not guarantee election to the board. Board positions are not compensated.

**IDAHO ORAL HEALTH ALLIANCE
BOARD OF DIRECTORS/COMMITTEE
NOMINATION FORM**

Nominee Name: _____

Preferred Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Preferred phone: _____

Preferred Email: _____

Are you a current IOHA member? _____ **If applicable: Credentials:** _____ **License #** _____

Employer/Company Name: _____

Job Title: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Area of Professional Expertise and/or personal interest: check all that apply:

- | | | | | |
|--|---|---|--------------------------------------|---|
| <input type="checkbox"/> Public Health | <input type="checkbox"/> Public Policy | <input type="checkbox"/> Dental Hygienist | <input type="checkbox"/> Dentist | <input type="checkbox"/> Education/Educator |
| <input type="checkbox"/> Nonprofit | <input type="checkbox"/> Medical Profession | <input type="checkbox"/> Insurance | <input type="checkbox"/> Medical | <input type="checkbox"/> Social Media/Web |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Media Relations | <input type="checkbox"/> Membership | <input type="checkbox"/> Fundraising | <input type="checkbox"/> HR |

Why are you interested in serving on the Idaho Oral Health Alliance board or a committee?

List the other professional, nonprofit, or volunteer organizations in which you participate:

What committee work interests you? _____

Return to info@idahooralhealth.org or IOHA, PO Box 2309, Boise ID 83701

Submitted by _____ Date _____