## **Nomination Form**

## **Guidelines for nominating:**

Mail completed application to:

- 1. Any person who has made an outstanding contribution to the profession of Dental Therapy.
- 2. Any person who has had a minimum of 5 years involvement in the Saskatchewan Dental Therapists Association.
- 3. Any person who has had an active involvement on the SDTA Council and/or Committees of the Association.

| CANDIDATE FOR HO                         | NORARY LIFE MEMBERSHIP:   |  |
|--|---|--|
| Years of Service to the                  | e SDTA:   |  |
| and reasons why he/s                     | ime of the candidate's contribution to the profession of Dental<br>the is deserving of the Honorary Membership and attach resumination must be seconded by three (3) members. |  |
| *NOMINATED BY:                           |   |  |
|  | phone:  |  |
| SECONDED BY:                             | 1   |  |
|  | 2   |  |
|  | 3   |  |
| Deadline for applications: April 7, 2024 |   |  |

**Patricia Skalicky** 

Email: patricia.skalicky@sasktel.net