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THE NEW YORK ACADEMY OF DENTISTRY

NOMINATION FOR FELLOWSHIP

Name _____
Last Middle First

Address _____
Street City State Zip

MEMBER ADA [Or Equivalent Organization] Yes No

YEAR OF PROFESSIONAL DEGREE Year | |

Name of Sponsor

Name of Seconder

Address

Address

Phone

Phone

Letters from both Sponsor and Seconder, including full evidence of the
qualifications of the Nominee, shall accompany this nomination.

Approved for Election To:

- Active Fellowship
- Associate Fellowship
- Allied Fellowship
- Non-Resident Fellowship

Date

Chairman Fellowship Committee

Approved for Elevation To Active Fellowship:

Date

Chairman Fellowship Committee