

Professional Data Form for Elected or Appointed Positions

Name & Credentials:	
Address:	
City/State/Zip:	
Cell Phone:	
Email Address:	
Total Years as ADHA Member:	
Component:	
ADHA Membership #:	

Place a check next to positions of interest:					
Elected Positions:		Appointed Positions:		Committee or Council:	
President Elect		Advocacy Council Chair		Advocacy Council	
Vice President		Member Services Council Chair		Member Services	
Secretary		Student Services Council Chair		Student Services Council	
Treasurer		HOD Minutes Review Committee		Finance Committee	
Component Chairs		Professional Booth Chair		Audit Committee	
Nominations Committee Members		Awards Chair			
ADHA Delegate		Credentialing Chair			
		Social Media Chair			

Submit completed form to the Nominating Committee

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