

**American Dental Hygienists' Association  
Council/Committee Commitment Form**

I, \_\_\_\_\_ agree to  
serve on the Council/Committee on \_\_\_\_\_ for  
2007-2008 and accept all of the responsibilities associated with this position.  
(Print Name)

Please complete the contact information below. It will appear in the council/committee directory, as well as used as the primary address to which all communication will be sent. **Please also list all of your professional credentials.**

**(Please type or print clearly)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Please return to: Executive Office  
American Dental Hygienists' Association  
444 N. Michigan Ave., Suite 3400  
Chicago, IL 60611**