

CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES

This is to certify that the members of the _____ District Dental Society shown on the attached list have been duly elected to serve as delegates or alternates for the 2023 Annual Session of the Michigan Dental Association.

Name of Submitter

Title

Date

The pertinent sections of the *Bylaws* of the Michigan Dental Association relating to the certification of delegates and alternate delegates will be found below. Please read the following instructions carefully.

1. List names of delegates and alternate delegates on the attached sheets. It is important that full name and e-mail address be shown.
2. If it is necessary to use more than one sheet, number the pages in the upper right-hand corner.
3. Only delegates/alternates should be included on these sheets.
4. Return completed forms to Michelle Cruz, Michigan Dental Association, 3657 Okemos Road, Suite 200, Okemos, Michigan, 48864 as early as possible, but no later than **December 1, 2022** (as stated in the MDA *Bylaws*). Be sure that the certificate, which appears at the top of this page has been signed and that this page is returned with the list of delegates and alternate delegates. Note: The certification form may be returned via fax at (517) 372-0008 or e-mail to mcruz@michigandental.org.
5. Changes in the official list will be received and processed in the Headquarters Office in Okemos until **May 1, 2023**. After this time, all changes must be made by the Committee on Credentials, Rules and Order.

COMPOSITION OF HOUSE OF DELEGATES

Voting Members: The House of Delegates shall consist of one hundred and two (102) voting members: One hundred (100) elected by the components' membership as their officially certified delegates and two (2) student delegates, one to be elected by the American Student Dental Association chapter at each of the accredited dental schools in Michigan.

Non-Voting Members: The Officers and members of the Board of Trustees shall be members of the House of Delegates without vote. The MDA Former Presidents, ADA Council Members and MDA Committee Chairs shall be members of the House of Delegates without vote, unless duly elected as delegates by their respective component societies.

ALLOCATION OF HOUSE OF DELEGATES

According to the *Bylaws* of the Michigan Dental Association, (Chapter III, Section 2, A, B, and C) the number of delegates and alternate delegates from each district and dental school are calculated according to the following formula:

After allocating one delegate to each component having a membership of up to one percent (1%) of the total Association membership, each remaining component shall be allocated one delegate for each full one percent (1%) of the total Association membership, with any fraction of a percent to be determined by 'The Method of Least Proportionate Error,' based on the percentage of total Association membership each component society has on August 15 of the preceding year.

One (1) student delegate and one (1) student alternate delegate from each accredited dental school in Michigan shall be members of the House of Delegates. The student delegates and alternate delegates shall be members of the American Student Dental Association and shall be current or past delegates to the American Student Dental Association. The student delegates and alternate delegates shall be elected by the American Student Dental Association chapter at each accredited dental school in Michigan, and the term of office shall be one (1) year.

ELECTION OF DELEGATES AND ALTERNATE DELEGATES

Each component society shall be entitled to the same number of alternate delegates as delegates. Election procedures and tenure for delegates and alternates shall be determined by the respective component societies. It is not required that a delegate or alternate delegate elected by a component society be a member of that society, but it is required that the person elected by a vote of the membership be an active, retired, limited time practice/professional leave, or life member of this Association in good standing. Not more than one delegate and/or one alternate from any component may be a member of another component other than the one represented.

CERTIFICATION OF DELEGATES AND ALTERNATE DELEGATES

Certification of Delegates and Alternate Delegates: The President or his/her designee of each component society and the dean of each dental school should file with the Executive Director of this Association, the names of delegates and alternate delegates prior to December 1. The Executive Director of the Association shall provide each delegate and alternate delegate with proper credentials to be presented to the Committee on Credentials, Rules and Order of the House of Delegates for registration and admission to the meetings of the House of Delegates. In the event of a contest over the credentials of any delegate or alternate delegate, the Committee on Credentials, Rules and Order shall hold a hearing and report its findings and recommendations to the House of Delegates for final action prior to the commencement of the business of the meeting.

2023 DELEGATES
(ALPHA ORDER PLEASE)
CHAIR OF DELEGATION:

- | | | | |
|-----|----------------|-----|----------------|
| 1. | Full Name: | 11. | Full Name: |
| | Email Address: | | Email Address: |
| 2. | Full Name: | 12. | Full Name: |
| | Email Address: | | Email Address: |
| 3. | Full Name: | 13. | Full Name: |
| | Email Address: | | Email Address: |
| 4. | Full Name: | 14. | Full Name: |
| | Email Address: | | Email Address: |
| 5. | Full Name: | 15. | Full Name: |
| | Email Address: | | Email Address: |
| 6. | Full Name: | 16. | Full Name: |
| | Email Address: | | Email Address: |
| 7. | Full Name: | 17. | Full Name: |
| | Email Address: | | Email Address: |
| 8. | Full Name: | 18. | Full Name: |
| | Email Address: | | Email Address: |
| 9. | Full Name: | 19. | Full Name: |
| | Email Address: | | Email Address: |
| 10. | Full Name: | 20. | Full Name: |
| | Email Address: | | Email Address: |

2023 ALTERNATE DELEGATES
(ALPHA ORDER PLEASE)
CHAIR OF DELEGATION:

- | | | | |
|-----|----------------|-----|----------------|
| 1. | Full Name: | 11. | Full Name: |
| | Email Address: | | Email Address: |
| 2. | Full Name: | 12. | Full Name: |
| | Email Address: | | Email Address: |
| 3. | Full Name: | 13. | Full Name: |
| | Email Address: | | Email Address: |
| 4. | Full Name: | 14. | Full Name: |
| | Email Address: | | Email Address: |
| 5. | Full Name: | 15. | Full Name: |
| | Email Address: | | Email Address: |
| 6. | Full Name: | 16. | Full Name: |
| | Email Address: | | Email Address: |
| 7. | Full Name: | 17. | Full Name: |
| | Email Address: | | Email Address: |
| 8. | Full Name: | 18. | Full Name: |
| | Email Address: | | Email Address: |
| 9. | Full Name: | 19. | Full Name: |
| | Email Address: | | Email Address: |
| 10. | Full Name: | 20. | Full Name: |
| | Email Address: | | Email Address: |