

## COMMITTEE APPLICATION FORM

Name:

E-mail Address:

Phone Number:

What committee are you applying for?

Are you aware of any potential conflicts of interest or perceptions of bias which may arise from your personal or financial interests or those of your family, friends, or businesses? If so, please indicate any potential conflicts:

Please provide a cover letter stating why you are interested in this position and what skills and experience would you bring to this Committee.

Please attach this application to your CV and submit to:

College of Dental Surgeons of Alberta  
402-7609 109 ST  
Edmonton, AB T6G 1C3

Email: [committees@cdsab.ca](mailto:committees@cdsab.ca)  
Fax: 780-433-4864

You may visit our members website for a copy of the Terms of Reference for this Committee as well as additional information regarding the College of Dental Surgeons of Alberta's Committees at [www.cdsab.ca](http://www.cdsab.ca)

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Signature

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Date