

# The Sullivan Membership Action Award

## **Guidelines & Application**



#### Better Together: Building Membership in Illinois

The *Sullivan Membership Action Award* offers the Illinois State Dental Society a unique opportunity to recognize outstanding programming and efforts by our local components and Chicago Dental Society branches to maintain and increase their membership. Their award-winning ideas serve to inspire their fellow local dental societies with fresh ideas on member engagement and recruitment of new members. Up to two awards will be given annually—one to a component or branch with 100 or more member dentists, and the other to a component society with fewer than 100 member dentists.

#### Components over 100 members

**CDS Englewood Branch** 

CDS Kenwood-Hyde Park Branch

CDS North Side Branch

CDS North Suburban Branch

CDS Northwest Side Branch

CDS Northwest Suburban Branch

CDS South Suburban Branch

CDS West Side Branch

CDS West Suburban Branch

Fox River Valley Dental Society

G.V. Black Dental Society

Madison District Dental Society

McHenry County Dental Society

Peoria District Dental Society

St. Clair District Dental Society

Will County Dental Society

Winnebago Dental Society

#### Components under 100 members

Danville District Dental Society

Decatur District Dental Society

Eastern Illinois Dental Society

Illini District Dental Society

Illinois Valley Dental Society

Kankakee District Dental Society

McLean County Dental Society

Prairie Valley Dental Society

Rock Island District Dental Society

Southern Illinois Dental Society

T.L. Gilmer Dental Society

U.S. Grant Dental Society

Wabash River Dental Society

Whiteside-Lee County Dental Society

#### **Eligibility:**

All ISDS components and CDS branches are eligible to receive this award.

Programs and activities must have been initiated in the previous calendar year (Jan 1- Dec 31) in which the award is being given.

### The Sullivan Membership Action Award

Please complete the following with regard to new or ongoing membership recruitment or retention activities:

Name of Individual Submitting Entry:  Title:  Address:  City:  State:  E-mail:  Title of Entry:	Name of ISDS Component or CD	S Branch:		
Title: Address: City: State: ZIP: Phone: E-mail:  Title of Entry:  Program Objectives				
Address:  City: State: ZIP:  Phone: E-mail:  Title of Entry:  Program Objectives				
City: State: ZIP: Phone: E-mail:  Title of Entry:  Program Objectives	Address:			
Phone: E-mail:  Title of Entry:  Program Objectives	City:	State:	ZIP:	
Program Objectives				
Program Objectives				
	Title of Entry:			
Description	Program Objectives			
Description				
	Description			

Budget
Results
Additional materials (optional), such as promotional materials (flyers, letters e-mails), news articles,
photographs, member kits, etc., may be included with your entry form.
This Sullivan Membership Action Award entry is the property and work of this officially recognized componen dental society of the Illinois State Dental Society. If necessary, the appropriate permission to use the materials and/or ideas has been obtained from those who contributed to the success of this program.
Signature:
Printed Name:
Title/Date:

#### Please return to:

The Sullivan Membership Action Award c/o Illinois State Dental Society P.O. Box 376 Springfield, IL 62705

Deadline: June 1

Visit  $ISDS.org/Sullivan\ Awards$  for more information, or contact Claire Griffith at 800/475-4737, Fax 217/525-8872 or e-mail cgriffith@isds.org.