

# SKCDS Ambassador Worksheet

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Ambassador \_\_\_\_\_

*As the final step in your Membership process, I want to welcome you to the dental society and ask a few questions....*

New Member Name: \_\_\_\_\_

Practice Type:  GP  Ortho  Endo  Perio  Prostho  Pedo  Oral Surgery  Oral Med

Year of Graduation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ or Office Phone: \_\_\_\_\_

## Contact Attempts

**1<sup>st</sup> Contact attempt:**  Phone  Email  Drop-in

**Convenient Times:**

Spoke with: \_\_\_\_\_ Will Attempt to contact again on: \_\_\_\_\_

**2<sup>nd</sup> Contact attempt:**  Phone  Email  Drop-in

Spoke with: \_\_\_\_\_ Will Attempt to contact again on: \_\_\_\_\_

**3<sup>rd</sup> Contact Attempt:**  Phone  Email  Drop-in

Spoke with: \_\_\_\_\_ Will Attempt to contact again on: \_\_\_\_\_

Recommendations for membership director: \_\_\_\_\_

\_\_\_\_\_

## Are there any Committees that you might have interest in serving?

New Dentists  Budget & Finance  Forensics  Communications  Membership  Programs

If unable to serve at this time, is there a time in the future that **we might contact you again** to gauge your interest?

## How would you prefer to receive updated information from the dental society?

Email  Newsletter  Facebook  Meetings Preferred email: \_\_\_\_\_

Did you know SKCDS has a Facebook page? Linked In?

## Ambassador Notes: (attach separate sheet if needed)

New member concerns or questions?

What could the Central Office help to clarify for this new member?

What aspects of SKCDS was this member most interested in? What did they value the most?

Was there anything that you were unable to answer that the membership director can answer for this new member?

## Post-Meeting Follow up

When? \_\_\_\_\_ Where? \_\_\_\_\_ Contact Info? \_\_\_\_\_