

# TEXAS SOCIETY OF MEDICAL ASSISTANTS OFFICER NOMINATION CONSENT FORM FOR TERM

# (enter date) Click here to enter text.

I, Click here to enter text. (print name), hereby give my consent to have my name placed on the ballot for the office of Click here to enter text. of the Texas Society of Medical Assistants. I do acknowledge that I have read the TSMA By-Laws and understand what my duties will be if elected into the above named position. I will do my best to serve in the capacity if elected

Signature of Nominee: Click here to enter text.

Date: Click here to enter text. , 20 Click here to enter text.

Biographical Data: Please list any current/previous activities (include year and position) that demonstrate leadership ability.

Local Chapter:

Click here to enter text.

State Society:

Click here to enter text.

AAMA or Other Activities:

Click here to enter text.

All credentials verified Positions

Dues paid by 12/31 of previous year

Nomination Committee Chair Signature: Date: , 20

\*ALL FORMS MUST BE SUBMITTED TO THE NOMINATIONS COMMITTEE BY NOON THE DAY OF PRE-CONFERENCE MEETING