



TEXAS SOCIETY OF MEDICAL ASSISTANTS OFFICER NOMINATION CONSENT FORM FOR TERM

I _____, hereby give my consent to have my name placed on the ballot for the office of _____ 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: _____

Date: _____

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

Local Chapter:

State Society:

AAMA or Other Activities:

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