

DES MOINES CHAPTER - IOWA SOCIETY OF MEDICAL ASSISTANTS
NOMINATION/VOLUNTEER LEADERSHIP FORM

You must be a current member and a CMA (AAMA) to serve. Only applications that include required documentation will be considered.

Position requested/Nomination: PRESIDENT___; VICE PRESIDENT___; SECRETARY___; TREASURER___

Standing Committee Chair Requested/Nomination: PARLIAMENTARIAN/(BYLAWS)___; NOMINATING (Past President); MEMBERSHIP(VicePresident); BUDGET/FINANCE (Treasurer); EDUCATION___; PROGRAM___; PROGRAM___; SOCIAL/HOSPITALITY___; PUBLICITY, PUBLIC RELATIONS___; BULLETIN/ELECTRONIC COMMUNICATIONS___; HISTORIAN___

I would Volunteer to serve on _____committee/committees.

NAME OF NOMINEE _____

ADDRESS _____

PHONE Home (____) _____ Work (____) _____

Fax (____) _____ Email _____

EMPLOYER _____

DUES CURRENT? _____ DATE PAID _____

CHAPTER OFFICES HELD _____

STATE OFFICES HELD _____

INFORMATION FOR THE NOMINATION CHAIR TO COMPLETE

Is she/he an active member in good standing in the chapter? _____

Has the nominee consented to serve, if elected? _____

Signed by Nomination Chair _____

Address _____

PHONE Home (____) _____ Work (____) _____ Fax (____) _____

VOLUNTEER/CONSENT TO SERVE

I hereby give my consent to have my name placed on the ballot for the office of _____, (complete with one of following offices)
(1. Vice-President) (2. Secretary) (3. Treasurer) (4. _____ Committee)

for the Des Moines Chapter of Medical Assistants, Inc, for the year _____ to _____. I will do my best to serve in this capacity if elected.

Signed _____ Date _____

Please return this nomination and consent to serve form, as well as a resume' and a brief assessment of your reasons for requesting the position and your qualifications to:

Debbie Odgaard, BS CMA
DMACC, Medical Assistant Bldg 24
2006 S Ankeny Blvd, Ankeny, IA 50023

515 964-6297, fax 515-9657147
email: daodgaard@dmacc.edu