



*Texas Society of Medical Assistants
AAMA Delegate and Alternate Nomination and Consent Form*

I wish to be consider nominated and do hereby consent to serve if elected as:

- Third Delegate
- First Alternate
- Second Alternate

- for the year of ____to ____ term

I assert that I will fulfill my duties as stated below. At this current time there is nothing preventing me from serving in this honored position (i.e. good health, personal affairs, job obligations). I understand that should I not be able to fulfill my role as a delegate and if I have incurred expenses, it is my responsibility to seek out refund of those expenses from appropriate vendor and that TSMA is not responsible for those expenses incurred. If I have received any reimbursements from TSMA for conference expenses including travel and registration, that I will be responsible for repayment to TSMA.

Signature of Nominee

Date:

I understand that my duties as a delegate/alternate delegate will include (initial next to each one)

- As soon as I am elected will request from my employer the appropriate time off for the AAMA Annual Conference
- Actively participate in any TSMA Meeting during my term to assure that I am informed of issues within the society and that I am informed of the desires of the TSMA/AAMA membership.**
- Communicate with all other delegates to assure that travel arrangements and rooming arrangements are made as early as possible (i.e. Delegates should room with each other; coordinate transportation to/from airport together.) I understand that I am responsible for my own travel arrangements. I will request reimbursement from TSMA with a legible photocopy of the receipt along with TSMA Reimbursement form within the 21 days of the close of conference. I understand that reimbursement will include my Delegates report must be submitted prior to reimbursements being sent.
- Registration will be paid by TSMA.I will submit my Registration Form to the TSMA Treasurer by July 1st. I understand that should I need to cancel my attendance to conference that I will need to request reimbursement from AAMA for TSMA and repay any difference in the total registration if necessary.
- During the AAMA Conference will attend any meeting that my State President/First Delegate requests TSMA Delegation to attend, including Delegate Orientation (regardless of previous attendance), the Awards Banquet and Presidents Luncheon. Reach out to other Texas attendees to assure that they are invited/included to sit with delegation at all events.**
- I will communicate with TSMA president about any changes or concerns regarding my attendance to AAMA Conference.

All credentials verified: _____ Dues Paid by 12/31 of previous year: _____

Nomination committee Chair Signature: _____

Date _____, 20_____



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AAMA DELEGATES / ALTERNATES

1. Name of Nominee Telephone:
Member at Large Chapter Chapter:
Preferred Address:
Email Address:
Employer:
Briefly state occupational duties:

2. **Leadership Roles:** (includes offices held, chairmanships, committee memberships)
 - Chapter:
 - TSMA:
 - Non-TSMA/Community:
3. List previous years of service as a delegate/alternate to the AAMA Conference.
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I understand that all forms must be submitted to the Nominations Committee at nominations@mytsma.org by NOON the day of the Annual Pre-Conference Meeting.

All credentials verified: _____ Dues Paid by 12/31 of previous year: _____

Nomination committee Chair Signature: _____

Date _____, 20_____