



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