

**Illinois Society of Medical Assistants
Nomination Consent Form for 2024-2026**

I, _____ (print name), hereby give my consent to have my name placed on the ballot for the office of _____ for this society. I will do my best to serve in this capacity if elected.

Signature of Nominee: _____ Date: _____

Biographical Data:

Please list all activities demonstrating leadership abilities. Use an additional sheet if necessary.

Chapter:

ISMA: _____

AAMA: _____

Other Activities:

Please mail or email completed form to:
Katherine Schoonhoven, CMA (AAMA), AAS
4871 Tchaikovsky Street
Rock City, IL 61070
schoonhove@frontier.com

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