

2024-2026 Committees
 Illinois Society of Medical Assistants
 Consent to Serve Form for 2024-2026 Committees

Archives	Nominating
Audit	Policy Manual
Bylaws	Public Affairs
Conference	Strategic Planning
Finance	Symposium
Membership	Ways & Means
Minutes Editing	Website and Marketing

Name: _____ Credentials: _____

Address: _____

Telephone: _____

Chapter: _____

I am willing to serve on the following committee(s): _____

I am willing to chair the following committee(s): _____

I am willing to chair the following committee(s) if no one volunteers: _____

Signature: _____ Date: _____

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