

Delegate Form 2024
Illinois Society of Medical Assistants
Nominations Consent Form for 2024 Delegate Form

I, _____ (print Name), hereby give my consent to have my name placed on the ballot for the office of ISMA DLEGATE for the AAMA National conference for the year of 2024.

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

Revised: 10/23