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2023 Nominations Form.pdf



Illinois Society of Medical Assistants

Nomination Consent Form for 2023-2024 ISMA Delegate

I, _____ (print name), hereby give my consent to have my name placed on the ballot for the office of **ISMA Delegate for the 2023-2024** term. 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 return this form and additional pages to:
Katherine Schoonhoven, CMA (AAMA), CPC
4871 Tchaikovsky St
Rock City, IL 61070-9545