

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

I, _____ (print name), hereby give my consent to have my name placed on the ballot for 2025 DELEGATE 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:

Sharon Strutzenberg
3557 N Trainer Rd
Rockford, IL, 61114-8183
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(815) 997-4366

Revised: 02/25