

Illinois Society of Medical Assistants
Consent to Serve Form
2022-2024 Committees

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Audit	Policy Manual
Bylaws	Public Affairs
Conference	Strategic Planning
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Membership	Way & Means
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Refer to Policy Manual for responsibilities of committees. The Policy Manual is available on the website.

Name: _____ Credentials: _____

Address: _____

Telephone: _____ Email: _____

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:

Kelly Charland, CMA (AAMA)
ISMA Nominating Committee Chair
1202 N Oakwood Dr
McHenry, IL 60050
fkellyab@yahoo.com