

Illinois Society of Medical Assistants
Nomination Consent Form for 2022-2024

I, _____ (print name), hereby give my consent to have my name placed on the ballot for the office of _____

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 return this form and additional pages to:

Kelly Charland, CMA (AAMA)

ISMA Vice President

1202 N Oakwood Dr

McHenry, IL 60050