

WISCONSIN SOCIETY OF MEDICAL ASSISTANTS
CHAPTER / EXECUTIVE COMMITTEE MEMBER ENDORSEMENT

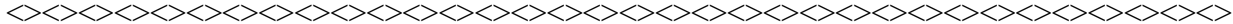
The _____ Chapter / Executive Committee member of the
Wisconsin Society of Medical Assistants endorses _____

WSMA office of _____

Delegate / Alternate to the AAMA national conference

Chapter President / Executive Committee Member Signature

Date



WSMA OFFICER NOMINATION AND/OR
AAMA DELEGATE / ALTERNATE NOMINATION CONSENT FORM

I consent to serve if nominated and elected as:

WSMA office of _____ for the _____ to _____ term

AAMA Delegate / Alternate for the _____ to _____ term

I assert that I am able to give the required time to the duties of such office and that there is nothing in my health or personal affairs to prevent my serving.

Signature of Nominee

Date

DATA FORM FOR CANDIDATES FOR STATE OFFICE AND

AAMA DELEGATES / ALTERNATES

1. Name of Nominee _____ Telephone: () _____

Member at Large _____ Chapter

Preferred Address: _____

Email Address: _____

Employer: _____

Employer's Address: _____

Briefly state occupational duties: _____

2. Leadership Roles: (includes offices held, chairmanships, committee memberships)

Chapter:

WSMA:

Non-WSMA:

3. List year or years of service as delegate/alternate to Wisconsin Society and/or AAMA conference _____

Return to Nominating Committee Chairman by: February 15^t, 2018

Name Tandra Bauman, CMA (AAMA), RMA

Address 1005 Lauderdale N Onalaska, WI 54650

Gmail wsma.nominating@gmail.com Cell: 608-769-2987