

LETTERHEAD

CONSENT TO SERVE AS CHAIRMAN AND/OR COMMITTEE MEMBER FORM

I hereby give my consent to serve on the _____ committee(s) of the Wisconsin Society of Medical Assistants during the _____ to _____ term.

(date) (date)

I will serve as: Chairman of _____ Member of _____

Chairman of _____ Member of _____

I will do my best to serve in this capacity and will carry out the responsibilities assigned to me to the best of my ability.

Date _____ Signed _____



PLEASE PRINT (Information will be published in WSMA Directory)

Name _____

Chapter _____

Home Address _____

Home Phone _____ Home FAX _____

Home E-mail _____

Optional: Employer _____

Address _____

Office Phone _____ Office FAX _____

Office E-mail _____

Yes, my contact information may be published on the WSMA.net website.

No, my contact information may NOT be published on the WSMA.net website.



TO BE COMPLETED BY CHAPTER PRESIDENT OR ELECTED OFFICER/COMMITTEE CHAIR (Member at Large)

The above member has been an active member and performs her/his duties to the best of her/his ability.

Chapter

Chapter President Signature

Member at Large

WSMA Elected Officer or Committee Chair Signature

Return completed form to: Vice President