

NOMINATION CONSENT FORM

2020-2021

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

_____ of the South Carolina Society of Medical Assistants, INC.
I will do my best to serve in this capacity if elected.

Signature of Nominee _____

Date _____

BIOGRAPHICAL DATA

(Refer to Eligibility Checklist)

Please list all activities demonstrating leadership abilities. Use an additional sheet, if necessary.

Local Chapter:

State Society:

National AAMA:

Other Activities:

Please return this form and additional pages to:
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Lexington, SC 29072
gretchen.lynn.hen@gmail.com