



## ARIZONA STATE SOCIETY OF MEDICAL ASSISTANTS NOMINATION FORM

NAME: \_\_\_\_\_ Credential: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE :(H) \_\_\_\_\_ (C) \_\_\_\_\_ BEST TIME TO CONTACT: \_\_\_\_\_ AM/PM

EMAIL: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

CANDIDATE FOR OFFICE OF: (PLEASE CHECK ONE)

PRESIDENT \_\_\_\_\_ VICE PRESIDENT \_\_\_\_\_ SECRETARY \_\_\_\_\_ TREASURER \_\_\_\_\_

MEMBERSHIP CURRENT THROUGH \_\_\_\_\_ NOT CURRENT \_\_\_\_\_

I, \_\_\_\_\_, HEREBY CONSENT TO HAVE MY NAME PLACED IN  
NOMINATION FOR OFFICE OF \_\_\_\_\_, OF THE ARIZONA STATE  
SOCIETY OF MEDICAL ASSISTANTS. I WILL COMPLY WITH AAMA BYLAWS AND ESTABLISHED  
POLICIES PERTAINING TO THE ABOVE OFFICE AND, IF ELECTED, MEET ALL DEADLINES AND WILL  
DO MY BEST TO SERVE ARIZONA STATE SOCIETY OF MEDICAL ASSISTANTS IN THIS CAPACITY.

**PLEASE RETURN BALLOTT TO Phyllis Davis, CMA, AC, (AAMA)**

**HARD MAIL: 9913 W. Kingswood Cr. Sun City, AZ 85351-1919**

**E-MAIL: [phylliscma@gmail.com](mailto:phylliscma@gmail.com)**

**\*DEAD LINE MUST BE SUBMITTED TO NOMINATING COMMITTEE BY MARCH 1, 2018\***

**Requirements to run for office:**

- **Form must be submitted to Nominating Committee by March 1, 2018.**
- **AAMA Resume must accompany this form.**
- **Attendance at the annual state society meeting on March 17, 2018.**