



# Florida Society of Medical Assistants, Inc.

## CONSENT TO SERVE FORM

I \_\_\_\_\_ hereby give permission for my name to be placed in nomination for the

office of \_\_\_\_\_ of the Florida Society.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

.....

I \_\_\_\_\_ hereby offer to serve FSMA in the following capacity:

Committee Chairman \_\_\_\_\_

Committee Member \_\_\_\_\_

The following committee(s) interest me and are ranked in order of my personal preference:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
signed

\_\_\_\_\_  
date