



FLORIDA SOCIETY OF MEDICAL ASSISTANTS

Affiliate of the American Association of Medical Assistants

CONSENT TO SERVE FORM

OFFICER:

I hereby give my permission to place my name as a nominee for the office of _____ for the Florida Society.

Signature

Date

COMMITTEE MEMBER/CHAIR:

The following committee(s) are of interest to me: (see Bylaws/P & P Manual for description)

Please Check One:

_____ Committee Chair

_____ Committee Member

Signature

Date

DELEGATE TO THE AAMA CONFERENCE:

I hereby give my permission to place my name as a nominee for the position of Delegate/Alternate Delegate to the AAMA Conference.

Signature

Date

Complete Form and Email to: fsmamail@fsmaonline.org