

# Minnesota State Society of Medical Assistants Committee Chair

## PERSON Submitting Form(if different from applicant)

- Full Name: \_\_\_\_\_
- AAMA Member Number: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Applicant Information

- Full Name: \_\_\_\_\_
- AAMA Member Number: \_\_\_\_\_
- Address: \_\_\_\_\_
- City, State, ZIP: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## COMMITTEE SOUGHT

- ☐ Membership/Certification ☐ Scholarship ☐ Nominating ☐ Bylaws ☐ Budget/Finance  
☐ Website/Publicity ☐ Legislation ☐ Ways & Means

## ELIGIBILITY VERIFICATION

- Is the applicant a current AAMA member? ☐ Yes ☐ No
- Is the applicant a current MN State Society of Medical Assistants? ☐ Yes ☐ No
- Is the applicant a current Certified Medical Assistant (CMA-AAMA)? ☐ Yes ☐ No
- Is the applicant an active member of MNSMA for at least one year? ☐ Yes ☐ No
- Has the applicant held any previous leadership roles in MNSMA or a local chapter?  
☐ Yes ☐ No If yes, please list: \_\_\_\_\_
- Has the applicant been chairperson of a committee on the state level? ☐ Yes ☐ No
- If yes, please list: \_\_\_\_\_

## **STATEMENT OF INTEREST**

*Please explain why you/the applicant is interested in serving in this position and what do you/they hope to contribute to MNSMA:*

## **SUPPORTING DOCUMENTS**

Please attach the following:

- Resume or CV
- Letter of recommendation (optional)

## **Applicant AGREEMENT**

I certify that the information provided is true and complete. I understand that if selected, I am expected to fulfill the duties of the position as outlined in the MNSMA bylaws and attend required meetings and events.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Email completed form and attachments to [msmastatepresident@gmail.com](mailto:msmastatepresident@gmail.com).*

*Submission is required at least 30 days before the annual state meeting.*