

**Minnesota Society of Medical Assistants  
Intent to Run for an Office of MSMA  
President-Elect, Secretary or Treasurer**

Name and Credentials, Mailing Address, Telephone Number and  
E-Mail Address:

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It is my intent to run for the office of \_\_\_\_\_  
for the Minnesota Society of Medical Assistants.

I fully understand the responsibilities and requirements associated with the  
office.

I \_\_\_\_\_ am a member of  
the AAMA in good standing and have served my local chapter as an officer  
for this position.