

**Michigan Society of Medical Assistants
Nomination Consent Form**

I hereby give my consent to have my name placed on the ballot for the office of _____ . I have reviewed all eligibility requirements and certify that I meet the requirements for the office of _____ . I will do my best to serve in this capacity if elected and I understand that this commitment includes attendance at each MSMA Board of Directors meeting.

Signature of Nominee

Date Signed

**Michigan Society of Medical Assistants
Endorsement Form**

The members of _____ Chapter support the nomination of _____ for the office of _____ .

Chapter Officer Signature

Chapter Officer Signature

Name: _____

Name: _____

Office: _____

Office: _____

Date: _____

Date: _____

Please return all forms to the Nominating Committee Chair. Deadline to receive forms is 45 days prior to the House of Delegates. Forms must be postmarked or electronically dated no later than **March 3, 2020**. Nominees running from the floor must turn in their forms to the Committee Chair by **April 10, 2020**.

Cristle Weissmiller, CMA (AAMA)
600 Clayton Ave NW
Grand Rapids, MI 49534
Fax: 616-735-2077
weissmillerc.msma@gmail.com