

Nominee Information Form 2019-2020

Name, Credential(s)							
Address							
City, State, Zip							
Phone		Home		Work		Cell	
Office You are Seeking							
Year joined AAMA _____		Year Certified _____			Most Recent Yr. Recertified _____		
Present Employer							
Job Duties							
MSMA Positions Held							
Current Position							
MSMA Offices held							
Office	Year	Office	Year	Office	Year		
MSMA Committees Chaired							
Committee	Year	Committee	Year	Committee	Year		
MSMA Committee Member							
Committee	Year	Committee	Year	Committee	Year		
MSMA Delegate							
MSMA Delegate to AAMA	Year	Year	Year	Year	Year		
MSMA Alternate to AAMA	Year	Year	Year	Year	Year		
Chapter Positions Held							
Current Position							
Chapter Offices Held							
Office	Year	Office	Year	Office	Year		
Chapter Committee Chair Positions Held							
Committee	Year	Committee	Year	Committee	Year		
Chapter Committee Member							
Committee	Year	Committee	Year	Committee	Year		
Chapter Delegate to MSMA	Year	Year	Year	Year	Year		
Mail or fax completed form to: Cristle Weissmiller, CMA (AAMA) 600 Clayton Ave NW, Grand Rapids, MI 49534 Fax: 616-735-2077 OR Send as an email attachment to: weissmillerc.msma@gmail.com							