

WASHINGTON STATE SOCIETY OF MEDICAL ASSISTANTS

**NOMINATION FORM (submit no later than 90 days before annual meeting)
Application for members at Large to WSSMA HOD (submit by Feb 13th)**

The following WSSMA leadership positions are open for nominations:

**VICE-PRESIDENT
TREASURE
TRUSTEE (3)
DELEGATES TO AAMA ANNUAL CONFERENCE**

**SPEAKER OF THE HOUSE
VICE-SPEAKER OF THE HOUSE
NOMINATIONS COMMITTEE (3)**

I offer my name in the nomination for the position of _____.

I am a member in good standing in the _____ chapter and have served on the following:

Component Chapter: _____

State Society: _____

AAMA: _____

Records of the _____ Chapter/State Society certify that _____ is a member in good standing and has served as stated above.

Signature of Chapter/State President:

I hereby certify my willingness to accept the nomination for the position of _____
_____. I will do my best to serve in this capacity if elected/ appointed

Signature of Nominee

Date