

**SOUTH CAROLINA SOCIETY OF MEDICAL ASSISTANTS, INC.  
NOMINATION CONSENT FORM**

**2023--2024**

I, (print name) \_\_\_\_\_, hereby give my consent to have my name placed on the ballot for the office of \_\_\_\_\_ of the South Carolina Society of Medical Assistants, INC. I will do my best to serve in this capacity if elected.

Signature of Nominee \_\_\_\_\_

Date \_\_\_\_\_

**BIOGRAPHICAL DATA**

(Refer to Eligibility Checklist per bylaws)

Please list all activities demonstrating leadership abilities. Use an additional sheet, if necessary.

Local Chapter:

State Society:

National AAMA:

Other Activities:

Please return this form and additional pages to:  
Ameenah I Luqmaan, CMA (AAMA)

[ailuqmaan@gmail.com](mailto:ailuqmaan@gmail.com) or  
[ameenah524@gmail.com](mailto:ameenah524@gmail.com)