

**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)

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:

Melissa Brewer, CMA (AAMA)

4991 Lake Palmetto Ln

North Charleston, 29418-5991

mburbagecma@hotmail.com