



South Carolina Society
of Medical Assistants

CONSENT TO SERVE FORM 2023-2024 COMMITTEES

Audit	Policy Handbook
Bylaws	Public Policy
Budget & Finance	SCRQSA
Certification	Scholarship
Continuing Education	Strategic Planning
Educator's Peer Group	SCSMA Website
Marketing	Ways & Means
Membership	
Newsletter	

See Policy Handbook for responsibilities of committees. The Policy Handbook is on the website

Name: _____ CMA Yes ___ No ___

Address: _____ City _____ State _____

Zip _____ Telephone: H _____ C _____ W _____

Email: _____

Chapter: _____

I am willing to Serve on the following Committee (s): _____

I am willing to Chair the following Committee (s): _____

I am willing to Chair the following Committee (if no one volunteers): _____

Please email completed form to:
Twana Triplett, CMA (AAMA)
twanavols@yahoo.com