



South Carolina Society
of Medical Assistants

CONSENT TO SERVE FORM 2022-2023 COMMITTEES

Audit	Policy Handbook
Bylaws	Publications
Budget & Finance	Public Policy
Certification	SCRQSA
Continuing Education	Scholarship
Educator's Peer Group	Strategic Planning
Marketing	SCSMA Website
Membership	Ways & Means
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 or mail completed form to:

Jackie Harris, CMA (AAMA)
1637 Baltusrol Lane
Mount Pleasant, SC 29466
jaharriscma@gmail.com