

AAMA Application for Life Membership:

Name of Nominee: _____

State Society Affiliation: _____

Submitter: _____

State Society / BOT Position: _____

Submitter Address: _____

Submitter Day time telephone: _____

Items to submit to have nominee considered for life membership:

Please submit the following information (where applicable):

- Length of membership (include join year, if known)
- Curriculum Vitae including all offices/committees on local, state and national levels (include dates served)
- Awards received by nominee:
 - Local, state or national
 - Employer
 - Civic Groups and/or Community
 - Red Cross or other medical support organizations
- Continuing education activities by nominee (do not include workshops attended as participant)
 - Workshop development
 - Publication of CE articles
 - Development of guided self study course
- Any promotions of AAMA nominee may have participated
List promotional products developed for Medical Assistants Week or for promotion of medical assistant profession to other allied healthcare
- List articles written by nominee and published in an AAMA publication
- Reference letter from State society or submitter detailing reasons nominee should be conferred AAMA life membership