

State & Chapter Officer Election Notification Form



Instructions: Complete this form and submit via email (preferred), mail, or fax. If there are volunteer officers whose titles are not listed on this form, but you wish to grant them officer-level access on the AAMA website, add those officers' information under the "Additional Contact" sections.

Mail: AAMA
Attn: Nick Mickowski
20 N. Wacker Dr., Ste. 1575
Chicago, IL 60606

Fax: 312/635-3468

Email (preferred): OfficerNotification@aama-ntl.org
Subject line: [Insert state society or local chapter name]
Officer Election Notification

Questions? Contact Membership Manager Nick Mickowski of the American Association of Medical Assistants® by email at NMickowski@aama-ntl.org or by phone at 800/228-2262.

From: _____

Office/Position Title: _____

Daytime Phone: _____

Email: _____ Date: _____

Check One & Note State Society or Local Chapter:

State: _____

Chapter: _____

President

Name & Member ID

Address

Email

President-Elect/Vice President

Name & Member ID

Address

Email

Treasurer

Name & Member ID

Address

Email

Secretary

Name & Member ID

Address

Email

Membership Chair/Contact

Name & Member ID

Address

Email

Marketing Chair/Contact

Name & Member ID

Address

Email

Education Chair

Name & Member ID

Address

Email

Public Affairs Contact

Name & Member ID

Address

Email

Speaker of the House

Name & Member ID

Address

Email

Parliamentarian

Name & Member ID

Address

Email

Additional Contact

Name & Member ID

Address

Email

Additional Contact

Name & Member ID

Address

Email

Bylaws Chair

Name & Member ID

Address

Email

Immediate Past President

Name & Member ID

Address

Email

Vice Speaker of the House

Name & Member ID

Address

Email

Web Chair

Name & Member ID

Address

Email

Additional Contact

Name & Member ID

Address

Email

Additional Contact

Name & Member ID

Address

Email