

State & Chapter Officer Election Notification Form



Instructions: Complete this form and submit via email (preferred) or mail. 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: Erika Mercado
20 N. Wacker Dr., Ste. 3720
Chicago, IL 60606

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

Questions? Contact Customer Service Manager Erika Mercado of the American Association of Medical Assistants® by email at EMercado@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