

## **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