## **Delegates & Alternates Form**



2025 Delegates from the State of	
Submitted by	

The submitter will receive an acknowledgment email by the AAMA Executive Office confirming receipt of this form.

Delegates and alternates must be Active or national Life members who are current CMAs (AAMA)® and must have paid 2025 dues by December 31, 2024.

If any delegates wish to also serve as a conference Reference Committee member, please check the box

1 Delegate			2 Delegate		
Name:			N <del>d</del> me:		
Street Address:					
City:					
Email:			Email:		
Day Phone:	Evening Pho	ne:	Day Phone:		
Bylaws	Reports	Resolutions	Bylaws	Reports	Resolutions
3 <sup>rd</sup> Delegate			4 <sup>th</sup> Delegate		
Name:			Name:		
Street Address:					
City:					
, Email:			·		
Day Phone:					
Bylaws	Reports	Resolutions	Bylaws	Reports	Resolutions
5 <sup>th</sup> Delegate			6 <sup>th</sup> Delegate		
Name:			Name:		
Street Address:					
 City:			_		
•					
	Evening Pho				
•	Reports			Reports	Resolutions
7 <sup>th</sup> Delegate			8 <sup>th</sup> Delegate		
Name:			Name:		
Street Address:					
City:					
Email:			Email:		
Day Phone:	Evening Pho	one:	Day Phone:	Evening Pho	ne:
Bylaws	Reports	Resolutions	Bylaws	Reports	Resolutions
9 <sup>th</sup> Delegate			10 <sup>th</sup> Delegate		
Name:			Name:		
			Street Address:		
	State:		_		
Email:			•		
Day Phone:			-		
Bylaws	•		Bylaws	Reports	Resolutions

## **Alternate Delegates**

	2 <sup>nd</sup> Alternate Delegate
Name:	Name:
Street Address:	Street Address:
City: State: ZIP:	City: State: ZIP:
Email:	Email:
Day Phone: Evening Phone:	Day Phone: Evening Phone:
Credentials Committee Tellers	Credentials Committee Tellers
3 <sup>rd</sup> Alternate Delegate	4 <sup>th</sup> Alternate Delegate
Name:	Name:
Street Address:	Street Address:
City: State: ZIP:	City: State: ZIP:
Email:	Email:
Day Phone: Evening Phone:	Day Phone: Evening Phone:
Credentials Committee Tellers	Credentials Committee Tellers
5 <sup>th</sup> Alternate Delegate	6 <sup>th</sup> Alternate Delegate
Name:	Name:
Street Address:	Street Address:
City: State: ZIP:	City: State: ZIP:
Fmail:	Email:
Day Phone: Evening Phone:	Day Phone: Evening Phone:
Credentials Committee Tellers	Credentials Committee Tellers
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join	
Who Are Not Also Serving as Delegates or Alternates	<b>S</b>
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in joir alternate delegates.  1st Conference Committee Member	ning a conference committee that isn't open to delegates or  2 <sup>nd</sup> Conference Committee Member
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member Name:	ning a conference committee that isn't open to delegates or  2 <sup>nd</sup> Conference Committee Member  Name:
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member Name: Street Address:	ning a conference committee that isn't open to delegates or  2 <sup>nd</sup> Conference Committee Member  Name:  Street Address:
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member  Name: Street Address: City: State: ZIP:	ning a conference committee that isn't open to delegates or  2 <sup>nd</sup> Conference Committee Member  Name:  Street Address:  City: State: ZIP:
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Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member  Name:	Ath Conference Committee Member  and Conference Committee Member  Name: Street Address: City: State: Email: Credentials Committee Member  State: For Address: For
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member  Name:	Ath Conference Committee Member  Name:  Credentials Committee Member  Name:  Street Address:  City:  Credentials Committee Member  Name:  Street Address:  Credentials Committee Tellers  Street Address:  Credentials Committee Member  Street Address:
Who Are Not Also Serving as Delegates or Alternates The following spaces are to be filled with people interested in join alternate delegates.  1st Conference Committee Member  Name:	Ath Conference Committee Member  Name:  Credentials Committee Member  Ath Conference Committee Member  Name:  Street Address:  Credentials Committee Member  Ath Conference Committee Member  Name:  Street Address:  Credentials Committee Member  Street Address:  Street Address:

Return by June 20, 2025 (it is the responsibility of the state to ensure receipt):

Submit via email to AAMA Board Services Manager Sharon Flynn at SFlynn@aama.ntl.org.

**Questions?** 

Call: 800/228-2262 Email: SFlynn@aama-ntl.org