

Delegates & Alternates Form



AMERICAN ASSOCIATION
OF MEDICAL ASSISTANTS®

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 that corresponds to the committee they're interested in.

1 Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

2 Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

3rd Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

4th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

5th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

6th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

7th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

8th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

9th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

10th Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Bylaws Reports Resolutions

Alternate Delegates

1st Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

2nd Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

3rd Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

4th Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

5th Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

6th Alternate Delegate

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers

2025 Members Available for Conference Committees from the State of _____ Who Are Not Also Serving as Delegates or Alternates

The following spaces are to be filled with people interested in joining a conference committee that isn't open to delegates or alternate delegates.

1st Conference Committee Member

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers Pages

2nd Conference Committee Member

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers Pages

3rd Conference Committee Member

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers Pages

4th Conference Committee Member

Name: _____
Street Address: _____
City: _____ State: _____ ZIP: _____
Email: _____
Day Phone: _____ Evening Phone: _____
Credentials Committee Tellers Pages

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