

# Delegates & Alternates Form



AMERICAN ASSOCIATION  
OF MEDICAL ASSISTANTS.

2026 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)<sup>®</sup> and must have paid 2026 dues by December 31, 2025.

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

## 3<sup>rd</sup> Delegate

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

## 4<sup>th</sup> Delegate

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

## 5<sup>th</sup> Delegate

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

## 6<sup>th</sup> Delegate

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

## 7<sup>th</sup> Delegate

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

## 8<sup>th</sup> Delegate

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

## 9<sup>th</sup> Delegate

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

## 10<sup>th</sup> Delegate

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

# Alternate Delegates

## 1<sup>st</sup> Alternate Delegate

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

## 2<sup>nd</sup> Alternate Delegate

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

## 3<sup>rd</sup> Alternate Delegate

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

## 4<sup>th</sup> Alternate Delegate

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

## 5<sup>th</sup> Alternate Delegate

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

## 6<sup>th</sup> Alternate Delegate

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

## 2026 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.*

### 1<sup>st</sup> Conference Committee Member

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

### 2<sup>nd</sup> Conference Committee Member

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

### 3<sup>rd</sup> Conference Committee Member

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

### 4<sup>th</sup> Conference Committee Member

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

**Return by June 17, 2026** (it is the responsibility of the state to ensure receipt):

**Submit via email** to AAMA Board Services Manager Sharon Scarborough at [SFlynn@aama-ntl.org](mailto:SFlynn@aama-ntl.org).

### Questions?

**Call:** 800/228-2262      **Email:** [SFlynn@aama-ntl.org](mailto:SFlynn@aama-ntl.org)