

# ASPMA BOARD OF DIRECTORS APPLICATION

Complete the application and return it along with:

- ❖ Your Curriculum Vitae.
- ❖ A letter stating why you would value this position, and what you feel you could add to the future of this association.
- ❖ A letter of support/recommendation from your physician/employer.
- ❖ Two other letters of recommendations from either work or personal relationships.

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer's APMA#: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Employer's Phone: \_\_\_\_\_

Year you obtained PMAC status: \_\_\_\_\_

All information can be mailed to:

**Destiny Medina**  
**PO Box 58**  
**Harmon, IL 60142**

Any questions should be sent to: [demedina1992@gmail.com](mailto:demedina1992@gmail.com)

**Please note 'Board of Director Application' in the subject line of your email.**

**The Deadline for this position is December 1, 2016**

\*Your application must be received by ASPMA on that date.