

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.
- TWO letters of support/recommendation from your physician/employer.

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 emailed to: bethpmac@aol.com

Please put "Nominating Committee" in the subject line of the email

OR

Fax to 504-518-6168 – Attention "Nominating Committee"

**ALL applications must be submitted by December 1st
2017**