

ASPMA BOARD APPLICATION 2019-2020

Complete the application and return it along with:

- Your Curriculum Vitae/Resume
- A letter stating why you would value this position, and what you feel you could add to the future of the organization.
- **TWO** letters of support/recommendation **one** from your physician/employer, **one** letter of recommendation from professional or personal.

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: tara.antoINETTE@gmail.com

Please put "ASPMA Board Position" in the subject line of the email

ALL applications must be submitted by December 1st 2018