



ASPMA BOARD APPLICATION  
2025

Complete the application and return it along with:

-Your Curriculum Vitae.

-Write 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. **One** from your physician/employer and **one** from a professional or personal reference.

-Individual Photo

Name: \_\_\_\_\_ ASPMA # \_\_\_\_\_

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

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

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

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

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

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

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

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

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



ASPMA BOARD APPLICATION  
2025

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

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

Completed applications can be emailed to Cheryl Bailey, PMAC PRAC, at  
[presidentelect@aspma.org](mailto:presidentelect@aspma.org).

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

**All applications must be submitted by August 21, 2024.**