



CONSIDERATION FOR MEMBERSHIP ON AMTIE BOARD OF TRUSTEES OF AMERICAN MEDICAL TECHNOLOGISTS

Name

Address

City

State

Zip Code

MT MLT RMA RPT RDA CMAS COLT CMLA

Number of years in AMT _____

State and national offices held with dates: _____

State and national awards received to date: _____

Job resume: _____

Education: _____

Civic activities: _____

Reason for wanting to serve on the AMTIE Board of Trustees: *(your philosophy for AMTIE)*

Signature

Date

Note: If additional space is required, please use the other side of this sheet.

Please enclose a glossy photograph of candidate, preferably 8"x10", if available.