



**CONSIDERATION FOR MEMBERSHIP ON NATIONAL BOARD OF DIRECTORS BY
 NOMINATING COMMITTEE OF AMERICAN MEDICAL TECHNOLOGISTS**

 Name

 Address

 City

 State

 Zip Code

MT MLT RMA RPT RDA CMAS CMLA COLT

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 National Board of Directors: *(your philosophy for AMT)*

Would you be available on short notice to attend national board meetings? Not counting the week of the national convention, could you devote three weekends per year, including all day Friday, for Board meetings? Yes No

 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.