



APPLICATION FORM

Under 40 Non-Voting Observer on AMT Board of Directors

Name: _____ AMT ID#: _____

AMT certification (check all applicable):

MT MLT RMA RPT CMLA CMAS RDA AHI COLT

Home Address: _____

Contact phone number: _____

Contact e-mail: _____

DATE OF BIRTH: _____

Place of Employment: _____

Address of employer: _____

STATEMENT OF REASONS WHY I THINK I WOULD BE A GOOD NON-VOTING OBSERVER ON THE
AMT BOARD OF DIRECTORS:

Signed: _____

Submit application to Christopher Damon. Email cdamon@americanmedtech.org, fax to 847-823-0458, or mail to Christopher Damon, Executive Director, to the home office mailing address.

Deadline for application is September 15. Appointments will be made at the fall AMT Board Meeting.