



# NCSMA Officer/National Delegate Nomination Form

Date:	Chapter Name:	Member -at-Large									
NCSMA Office:											
National Delegate:	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">YES</td> <td style="width: 20px;"></td> <td style="width: 20px;">NO</td> <td style="width: 20px;"></td> </tr> </table>	YES		NO		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px;">Have you served as an AAMA delegate/alternate?</td> <td style="width: 20px;">YES</td> <td style="width: 20px;"></td> <td style="width: 20px;">NO</td> <td style="width: 20px;"></td> </tr> </table>	Have you served as an AAMA delegate/alternate?	YES		NO	
YES		NO									
Have you served as an AAMA delegate/alternate?	YES		NO								
Nominee:		AAMA ID#									
Address:											
City, State, Zip											
Email	Telephone										

**Employer Information**

Employer Name:	Not applicable
Address:	
City, State, Zip	
Telephone:	

**Nominee eligibility**

Is the nominee a member in good standing? (Dues paid by December 31 <sup>st</sup> )	YES	NO	
---	-----	----	--

**Nominees for NCSMA office must meet the following criteria:**

Active or associate member	YES	NO	
If a member of a component chapter has the nominee served as a chapter officer?	YES	NO	
If a member-at-large has the nominee served on two different NCSMA committees in the last 5 years?	YES	NO	

**Nominees for delegate to the AAMA HOD must meet the following criteria:**

Active member	YES	NO	
If a member of a component chapter has nominee served as an active NCSMA delegate?	YES	NO	
If a member-at-large has the nominee served as an NCSMA officer?	YES	NO	

**Endorsement**

Does the local chapter endorse this nomination?	YES	NO	
If a member-at-large does two NCSMA Officers endorse this nomination?	YES	NO	

**For Nominees who belong to a chapter: (Signatures should be obtained from the Chapter President and two other Chapter Board members. Signatures MUST be original – computer-generated signatures are not accepted)**

President		
Board Member	Office	
Board Member	Office	

**For Nominees who are members-at-large: (Signatures should be obtained from the applicable NCSMA Officers)**

NCSMA Officer		Office
NCSMA Officer		Office

**All actively employed nominees must have their employer's signature:**

Employer Name (Please print)	
Employer's signature:	

**Nominee Consent**

I, hereby, give my consent to have my name placed on the ballot for the office noted above of NCSMA and/or delegate/alternate to the AAMA House of Delegates. I will do my best to serve in this capacity if elected.	
Nominee's signature:	
Date:	

**Each nominee should provide a resume/CV with this nomination form that lists their current/former employment and chapter/state/national offices held, committees served, and any activities demonstrating leadership abilities.**

*All nomination forms must be fully completed with all applicable signatures. Signatures **MUST** be original and not computer-generated. Nominations must be submitted to the Chair of the Nominating Committee by email attachment (preferred) or by mail by the deadline provided. Incomplete forms will not be accepted, and the nominee will be informed by the Chair, so the nominee will have an opportunity to provide/correct information. The Nominating Committee will review all accepted forms to verify eligibility. Nomination forms received after the deadline date, but before the opening of the House of Delegates, that meet all the eligibility requirements after review by the nominating committee may be nominated from the floor of the House of Delegates.*

Updated 03/2026