



South Carolina Society
of Medical Assistants

CONSENT TO SERVE FORM 2019-2020 COMMITTEES

Audit	Policy Handbook
Bylaws	Publications
Budget & Finance	Public Policy
Certification	SCRQSA
Continuing Education	Scholarship
Educator's Peer Group	Strategic Planning
Marketing	SCSMA Website
Membership	Ways & Means
Newsletter	

See Policy Handbook for responsibilities of committees.

Name: _____ CMA Yes ___ No ___
 Address: _____ City _____ State _____
 Zip _____ Telephone: H _____ C _____ W _____

Email: _____

Chapter: _____

I am willing to Serve on the following Committee (s): _____

I am willing to Chair the following Committee (s): _____

I am willing to Chair the following Committee (if no one volunteers): _____

Please email or mail completed form to:
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 3488 Johan Blvd, Johns Island, SC 29455
 kkkirby9276@aol.com