APPLICATION FOR NOMINATION
MaMHCA Officers: President*, President Elect*, Treasurer**, Secretary**

Position: _____

Name: _____
LAST FIRST MIDDLE

Address: _____ Tel. #: _____

Email Address: _____

If Employed, where: _____

LMHC License Number: _____ MaMHCA Membership Number_____

Information to assist in arriving at an accurate estimate of your qualifications:

_____
_____
_____
_____
_____

The applicant certifies that to the best of his/her knowledge the nominee does not violate any conflict of interest rules, regulations or laws as set forth by the State Ethics Commission. The applicant further certifies that he/she has reviewed the attached information from the State Ethics Commission relative to Conflict of Interest.

_____ Signature _____ Date

FAX Nomination forms to MaMHCA at 508.698.1711 or email to the Nominations and Elections Chair, Joseph Weeks at jweeks@mamhca.org

*The President and President–Elect will be elected on ODD calendar years.

**Both the Secretary and Treasurer will be elected on EVEN calendar years.