

MAIL SYSTEMS MANAGEMENT ASSOCIATION
Biographical and Consent Form for Election/Appointment
Term to serve: January 1, 2020 through December 31, 2021

Position to be considered for election/appointment is: _____

INSTRUCTIONS: Complete form in full. **PLEASE TYPE OR PRINT CLEARLY.** State information clearly and succinctly as this will be the only biographical information reviewed. No attachments will be accepted. **DO NOT USE ABBREVIATIONS.** All personal information will remain and be guarded as confidential within MSMA.

Title: Ms. Mr. CMDSM/CMDSS Other _____ MSMA Chapter _____
Year Joined MSMA _____

Name _____ Employer _____
(will be used for official documents as listed)

Home address _____ Business address _____

Floor/Apt No. _____ Suite/Room No. _____

City _____ State _____ Zip _____ City _____ State _____
_____ Zip _____

Home phone (_____) _____ Business phone (_____) _____

E-mail (H) _____ E-mail (W) _____

Fax # (H) _____ Fax # (W) _____

Other Info _____ Preferred mailing address: Home

Business

EDUCATION: (begin with highest degree earned)

<u>Degree/Diploma</u>	<u>Area of Study</u>	<u>Year Obtained</u>	<u>Educational Institution</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OTHER ACADEMIC ACHIEVEMENTS & HONORS: *(continuing education and certification)*

ACTIVITIES WITH OTHER ASSOCIATIONS *(mail industry specialty organizations, national associations, include offices held)*
and/or CIVIC/COMMUNITY INVOLVEMENT

SPEAKER AT MAILCOM/NATIONAL POSTAL FORUM/OTHER (list courses/presentations)

Current Profession: *(check one)*
 Administrator/Manager
 Consultant
 Vendor
 Educator
 Business Owner
 Supervisor
 Other _____

If elected/appointed, I agree to serve: _____

Date: _____ Signature: _____

Managers Approval (optional): _____

Expectations:
2 - Attend Board Meetings (weekends) Annually
Monthly Conference Calls
5/15 hours per month depending upon position/committee activity

All completed forms can be mailed, e-mailed to:
Mail Systems Management Association
Attn: Barbara Fahy
P O Box 1145
North Riverside, IL 60546-1145
Phone: 708-442-8589
e-mail: fahyb@aol.com

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