



**MAIL SYSTEMS MANAGEMENT ASSOCIATION**  
Biographical Info & Consent Form for Election/Appointment  
Term to serve: January 1, 2022 through December 31, 2023

Board Position/Committee Member to be considered for election or appointment is:

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**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 All information submitted will remain and guarded as confidential within MSMA.

**Applicant Name:** \_\_\_\_\_

**Professional Credentials/Certifications:** \_\_\_\_\_

**Year Joined MSMA:** \_\_\_\_\_ **Years Active:** \_\_\_\_\_

**MSMA Chapter Affiliation:** \_\_\_\_\_

Employer:

Personal:

Business Address:

Home Address:

City/State/Zip:

City/State/Zip:

Email:

Personal Email:

Phone#:

Cell#:

Title:

**EDUCATION:**

Degree/Diploma

Area of Study

Year Obtained

Educational Institution

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

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**OTHER EMPLOYMENT POSITIONS HELD** *(begin with most recent)*

Position

Term of Employment (dates)

Employer

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**ACTIVITIES WITH OTHER ASSOCIATIONS OR ORGANIZATIONS:**

*(mail industry, specialty organizations, national associations, civic or community involvement:*

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**PRESENTER/-SPEAKER AT CONFERENCE OR MEETINGS:** List courses and subject matter:

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**Current Profession:** *(check one)*

Administrator/Manager

Consultant

Vendor

Educator

Business Owner

Supervisor

Other \_\_\_\_\_

If not elected to position of my choice, I agree to be considered for other appointed positions

Yes

No

Serve on a committee

**Offices/Appointments/Activities with the Mail Systems Management Association**

**Instructions:** List only **TWO** offices/appointments/activities under each level. Provide titles and terms of service (from/to)

**Current**

**Past**

**National MSMA**

Office/Appointment/Activity Term (from/to)

(1)

(2)

**National MSMA**

Office/Appointment/Activity Term (from/to)

(1)

(2)

**MSMA Local Chapters**

Office/Appointment/Activity Term (from/to)

(1)

(2)

**MSMA Local Chapters**

Office/Appointment/Activity Term (from/to)

(1)

(2)

**If elected/appointed, I agree to serve:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**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 emailed to: [bfahy@msmanational.org](mailto:bfahy@msmanational.org)**

**Or mailed to:**

**Mail Systems Management Association**

**Attn: Barbara Fahy**

**P O Box 3002**

**Oak Brook, IL. 60522**