



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

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

Applicant Name: _____

Professional Credentials/Certifications: _____

Year Joined MSMA: _____

MSMA Chapter Affiliation: _____

Employer:

Personal:

Business Address:

Home Address:

City/Stat/Zip:

City/State/Zip:

Email:

Personal Email:

Phone#:

Cell#:

Title:

EDUCATION: BA Business Administration/Management:

Degree/Diploma Area of Study Year Obtained Educational Institution

Blank lines for entering education information.

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

Blank lines for entering other academic achievements and honors.

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

<u>Position</u>	<u>Term of Employment (dates)</u>	<u>Employer</u>

If not elected to position of my choice, I agree to be considered for other appointive 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. Give complete 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)

ACTIVITIES WITH OTHER ASSOCIATIONS OR ORGANIZATIONS:

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

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

Current Profession: *(check one)*

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Administrator/Manager | <input type="checkbox"/> Consultant |
| <input type="checkbox"/> Vendor | <input type="checkbox"/> Educator |
| <input type="checkbox"/> Business Owner | <input type="checkbox"/> Supervisor |
| <input type="checkbox"/> Other _____ | |

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

Or mailed to:

Mail Systems Management Association

Attn: Barbara Fahy

P O Box 3002

Oak Brook, IL. 60522