

MAIL SYSTEMS MANAGEMENT ASSOCIATION
Biographical and Consent Form for Election/Appointment
Term to serve: January 1, 2018 through December 31, 2019

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 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)*

EMPLOYMENT POSITIONS HELD *(begin with present or most recent)*

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

DESCRIPTION OF PRESENT POSITION *(include major areas of employment and responsibilities)*

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)

<u>Current</u>		<u>Past</u>	
<u>National MSMA</u>	<u>Term (from/to)</u>	<u>National MSMA</u>	<u>Office/Appointment/Activity</u>
<u>Office/Appointment/Activity</u>	<u>Term (from/to)</u>	<u>Office/Appointment/Activity</u>	<u>Term (from/to)</u>
(1) _____	_____	(1) _____	_____
(2) _____	_____	(2) _____	_____

MSMA Local Chapters
Office/Appointment/Activity **Term (from/to)**
 (from/to)

MSMA Local Chapters
Office/Appointment/Activity **Term**

(1) _____

(1) _____

(2) _____

(2) _____

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:
3 - Attend Board Meetings (weekends) Annually
3/4 Conference Calls per year
5/15 hours per month depending upon position/committee activity

All completed forms can be mailed, e-mailed or faxed to:

Mail Systems Management Association
Attn: Barbara Fahy
P O Box 1145
North Riverside, IL 60546-1145
Phone: 708-442-8589

Fax: 708-853-0471

e-mail: HYPERLINK "mailto:fahyb@aol.com" fahyb@aol.com

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