

## 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:

**INSTRUCTIONS:** Complete form in full. **PLEASE TYPE OR PRINT CLEARLY**. State information clearly and succinctly as this will be the only biographical information reviewed. <u>No attachments will be accepted</u> **All information submitted will remain and guarded as confidential within MSMA**.

Applicant Name:					
Professional Cred	dentials/Certification	ons:			
Year Joined MSM	A:	Years	Years Active:		
MSMA Chapter A	ffiliation:				
Employer:		P	Personal:		
Business Address:		H	Home Address:		
City/State/Zip:	City/State/Zip:		City/State/Zip:		
Email:		P	Personal Email:		
Phone#:		C	Cell#:		
Title:					
EDUCATION:					
Degree/Diploma	Area of Study	Year Obtained	Educational Institution		

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

rrent Profession: ( <i>check one</i> ) θ Administrator/Manager θ Consultant θ Vendor θ Educator θ Business Owner θ Supervisor			
Position       Term of Employment (dates)       Employer         TIVITIES WITH OTHER ASSOCIATIONS OR ORGANIZATIONS:       Industry, specially organizations, national associations, civic or community involvement:         I industry, specially organizations, national associations, civic or community involvement:       Image: Community involvement         ESENTER/-SPEAKER AT CONFERENCE OR MEETINGS: List courses and subject mage:       Image: Community involvement         Image: Community involvement:       Image: Community involvement			
Position       Term of Employment (dates)       Employer         Industry       Employer       Employer         Industry, specially organizations, national associations, civic or community involvement:       Employer         ESENTER/-SPEAKER AT CONFERENCE OR MEETINGS: List courses and subject metric         Employer         0 Administrator/Manager       0 Consultant         0 Vendor       0 Educator         0 Business Owner       0 Supervisor			
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H CINOF	θ Business Owner θ Other	o Supervisor	

If not elected to position of	my choice, I agree t	o be considered for other appointed positions	
Yes	Νο	Serve on a committee	
Offices/Appointments/	Activities with the M	lail Systems Management Association	
Instructions: List only TWO and terms of service (from/to		activities under each level. Provide titles	
<u>Current</u>	Past		
<u>National MSMA</u> Office/Appointment/Activity Te	rm (from/to)	<u>National MSMA</u> Office/Appointment/Activity Term (from/to)	
(1)		(1)	
(2)		(2)	
MSMA Local Chapters Office/Appointment/Activity Te	rm (from/to) Offic	MSMA Local Chapters e/Appointment/Activity Term (from/to)	
(1)		(1)	
(2)		(2)	
If elected/appointed, I agr	ee to serve:		
Signature:		Date:	
Managers Approval (option	nal):		
Expectations: 2 - Attend Board Meetings Monthly Conference Calls 5/15 hours per month depe	. , .		
All completed forms c	an be emailed to:	bfahy@msmanational.org	
Or mailed to:			
Mail Systems Management Attn: Barbara Fahy P O Box 3002	: Association		

Oak Brook, IL. 60522