

Qualifications: Must be a voting member of the OAAOM at the date of application.

OAAOM Member Self-Nomination & Willingness to Serve Form

Name _____ Phone (O) _____
Address _____ Phone (C) _____
_____ Email _____
Education _____ Years in Practice _____
OAAOM (OAA) member _____ years

Director / Alternate Qualifications: Potential Officers must be willing to fulfill the roles as specified in the bylaws. **Please review OAAOM Bylaws at www.oaaom.com.**

Elected offices previously held _____

Attended OAAOM (OAA) Annual Conference ? _____ time/s.

Attended AAAOM National Conference ? _____ time/s.

Please give an overview of your involvement in OAAOM (OAA) and related professional activities in the past year.

Activities in previous years: _____

I feel I would best serve OAAOM in the following positions _____

because _____

Board members are elected by the voting members of the OAAOM. To fill specific positions within the Board, the Board elects Officers from its ranks based on the Board members' interests, skills, and past experience.

I (print) _____ am willing to serve the Oregon Association of Acupuncture & Oriental Medicine as a Officer on the board Y N **OR**
as Alternate on the board Y N

Signature _____ Date _____