

**MAIL SYSTEMS MANAGEMENT ASSOCIATION**  
**Biographical and Consent Form for Election/Appointment**  
**2004**

For ELECTION/APPOINTMENT to: \_\_\_\_\_

**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 be 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

**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  
**National MSMA**  
Office/Appointment/Activity Term (from/to)

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Past  
**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** (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 \_\_\_\_\_  
*signature* *date*

**Managers Approval (optional)** \_\_\_\_\_

**Expectations:**  
**3 Board Meetings Annually**  
**3 – 4 Conference Calls**  
**5 – 15 hours per month depending upon position/committee activity**