MAIL SYSTEMS MANAGEMENT ASSOCIATION Biographical and Consent Form for Election/Appointment Term to serve: January 1, 2020 through December 31, 2021

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. <u>No attachments will be accepted</u>. **DO NOT USE ABBREVIATIONS**. All personal information will remain and be guarded as confidential within MSMA.

Name Employer (will be used for official documents as listed) Business address Home address Business address Suite/Room No. Floor/Apt No. Suite/Room No. City State Zip City Business phone () State E-mail (H) E-mail (W)	
(will be used for official documents as listed) Business address Home address Business address Suite/Room No Floor/Apt No Suite/Room No CityStateZip Zip Business phone () Home phone)	
Suite/Room No Floor/Apt No Suite/Room No City City StateZip Zip Business phone ()	
 CityStateZipCitySt Zip Home phone() Business phone () 	
Zip Home phone() Business phone ()	
Home phone() Business phone ()	ate
 Fax # <u>(H)</u>	
Other Info Preferred mailing address: θ Hom	e Ø
Business	
EDUCATION: (begin with highest degree earned)	
Degree/Diploma Area of Study Year Obtained Educational Institution	
OTHER ACADEMIC ACHIEVEMENTS & HONORS: (continuing education and certification	

	ΓΙΟΝS HELD (begin with present of	or most recent)
Position	Term of Employment (d	,
DESCRIPTION OF PR	ESENT POSITION (include major area	as of employment and responsibilities)
If not elected to p positions	osition of my choice, I agree to	be considered for other appointive
Yes Offices/Appoint	No ments/Activities with the Mail S	Serve on a committee ystems Management Association
Instructions:	List only TWO offices/appointme Give complete titles and terms of	ents/activities under each level.
Currei	<u>nt</u>	<u>Past</u>
<u>National MSMA</u> Office/Appointme	ent/Activity Term (from/to)	National MSMA Office/Appointment/Activity
Term (from/to		
(1)		(1)
(2)		(2)
MSMA Local Chapter Office/Appointment/A (from/to)	s Activity Term (from/to)	MSMA Local Chapters Office/Appointment/Activity Term
. ,		(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) θ Administrator/Manager θ Consultant θ Vendor θ Educator θ Business Owner θ Supervisor θ Other_____

If elected/appointed, I agree to serve: _____

Date:

Signature:

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 mailed, e-mailed to: Mail Systems Management Association Attn: Barbara Fahy P O Box 1145 North Riverside, IL 60546-1145 Phone: 708-442-8589 e-mail: fahyb@aol.com Confidential, unpublished property of MSMA; Do not duplicate or distribute Use and distribution limited solely to authorized personnel. © Copyright 2010 by MSMA