



National Officer and Area Chair Petition

Candidate Acceptance

Candidate's Name:

Accepts the candidacy for the office of _____
for a one or year term beginning January 1, _____.

If elected, I accept the duties and responsibilities as defined in the NMA Policy and
Procedure Manual and agree to serve in this capacity to the best of my abilities.

Individual's Signature: _____ **Date:** _____

Is a Chapter or Sponsoring Organization providing financial support?

- No (Self-funded)
- Yes (If yes, please complete next section)

Chapter's or Sponsoring Organization's Acceptance (if time away from work and travel funds are provided in full or in part by an affiliated chapter or sponsoring company/organization)

We agree to allow the time away from regular organization duties necessary for the
performance of this office, and to assume the corresponding expenses that are incurred.

Name of Supporting Chapter/Organization:

Name of Chapter/Organization Executive/Supervisor:

Signature of Chapter/Organization Executive/Supervisor:

Date: _____

Return completed form to nma@nma1.org

Revised 06/13/2017