American Association of Managed Care Nurses
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Tele 804.747.9698 Fax 804.747.5316 www.aamcn.org

Board of Director
Nomination Form

Candidate Name: _____

Credentials: _____

Work Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Email Address: _____

I have included summary letter and resume: ☐

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Candidate Name: _____

Credentials: _____

Work Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Email Address: _____

The above candidates have been nominated by: _____

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