



# Florida State Oriental Medical Association

## Nominee Acceptance and Verification

I, \_\_\_\_\_ (print name),

hereby accept the nomination for Board of Director on this day, \_\_\_\_\_.

If elected, I understand that I am expected to and agree to attend Regular Board Meetings, participate and respond to e-mail/telephone communication, oversee and/or chair committee(s) as so designated by the President of FSOMA, and submit committee reports as so designated by the President.

I have read the FSOMA By-Laws, understand, and agree to uphold the duties and responsibilities of the position for which I am elected.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**MAIL OR EMAIL TO (MUST BE RECEIVED BY 07/01/19):**

FSOMA Office -- Elections  
PO Box 10066  
Bradenton, FL 34282  
Email: [Rafael@fsoma.org](mailto:Rafael@fsoma.org)

**(FSOMA use only)**

FSOMA Member in Good Standing, and primary residence of Florida

Verified by FSOMA Election Chairperson:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature