

American Midwifery Certification Board, Inc. (AMCB)

849 International Dr. Suite 205
Linthicum, MD 21090
(410) 694-9424; (410) 694-9425 FAX

Consent to Serve
BOARD OF DIRECTORS & COMMITTEE CHAIRPERSONS

NAME: _____

DATE: _____

BOARD OF DIRECTORS (check one category and appropriate subcategory):

- Officer
 - President
 - Treasurer
 - Secretary

- Committee Chairperson
 - CAR Committee chair
 - CMP Committee chair
 - Examination Committee chair
 - Research Committee chair

- Director
 - Nursing professional liaison
 - Medical professional liaison
 - Consumer member

TERM: 3 years beginning January 1 of the year of appointment; renewable for a second term; total term not to exceed 6 years.

I will diligently and faithfully perform the duties of the office on the AMCB Board of Directors as defined by corporation's bylaws. I will treat confidential information obtained in the course of my AMCB functions properly. I recognize that in this office I must seek to advance the mission and interests of AMCB and act on AMCB's behalf only to the extent expressly provided in its bylaws and designated by its policies. I am not authorized to and I shall not represent myself as authorized to, act contrary to or in excess of the authority so granted to me.

Signature

Date

Please type or print name

Credential(s) in preferred order

Social Security Number

Practice Setting

Preferred Mailing Address: Home _____ Office _____

Street

City/State/Province/Zip Code

Telephone(s):

Home: () _____ Office: () _____

Fax: () _____ Email: _____@_____