

American Midwifery Certification Board, Inc. (AMCB)

8825 Stanford Blvd. Suite 150
Columbia, MD 21045
(410) 694-9424; (410) 290-0121 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

_____ 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 nor in excess of the authority so granted to me.

Signature

Date

Please type or print name

Credential(s) in preferred order

Practice Setting

Preferred Mailing Address: Home _____ Office _____

Street

City/State/Province/Zip Code

Email: _____@_____

Telephone(s):

Home: () _____ Mobile: () _____

Office: () _____ Fax: () _____