

American Association of Managed Care Nurses

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Board of Director Nomination Form

Candidate Name: _____

Credentials: _____

Work Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Email Address: _____

Candidate Name: _____

Credentials: _____

Work Title: _____

Organization: _____

Mailing Address: _____

City/State/Zip: _____

Work Phone: _____

Email Address: _____

The above candidates have been nominated by: _____
