



Chairman, VHIMA Nominating Committee

Address

Phone:

Fax:

Dear:

This is to verify my agreement to have my name placed on the ballot for the Virginia Health Information Management Association _____(Term of Office) in the position of _____.

I have read the policy and procedure statement for this position and am willing to assume the responsibilities if elected. I also understand that it is important to attend the board meetings of VHIMA, and I will do my best to be present at all such meetings.

Respectfully submitted,

Candidate

Date