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**SECRETARY (1 YEAR TERM)**

* **Shall record and maintain the minutes of all meetings of the Association and the Board**
* **Shall mail the ballot, as prepared by the Nominating Committee, to each eligible member in good standing**
* **Shall maintain the tally of votes cast for officers and delegates**
* **Shall mail to all new members a welcome packet**

**PRESIDENT ELECT (1ST YEAR TERM)**

* **Shall serve as Vice-President, assuming all duties of the President in his/her absence**
* **Shall serve as a liaison as required**
* **Shall assume the office of President at the time of the next election**
* **Shall represent GCHIMA at FHIMA Leadership Conference**

**PRESIDENT ELECT (2ND YEAR TERM)**

* **Shall have the general operating authority for the Association**
* **Shall preside over the meetings**
* **Shall have the authority to enter into contractual agreements with the approval of at least three (3) additional officers of the Association**

**PRESIDENT ELECT (3RD YEAR TERM)**

* **Shall act as a consultant to the Board, providing continuity to GCHIMA**
* **Shall serve as Chairperson of the Nominating Committee**
* **Shall recruit eligible candidates for open GCHIMA officer positions**
* **Shall prepare the GCHIMA electronic ballot, tally the election results and prepare election results announcement to be emailed to all GCHIMA members**

**Deadline for nomination is**

**MARCH 31, 2023**

Please check the appropriate items:

\_\_\_\_\_\_\_YES, I am interested in running for the Office of:

\_\_\_\_\_\_\_President-Elect \_\_\_\_\_\_\_\_\_\_Secretary

Enter your name and demographics below.

OR

I would like to nominate the individual below for the Office of:

\_\_\_\_\_\_\_President-Elect \_\_\_\_\_\_\_\_\_\_Secretary

Is this individual aware of the nomination? \_\_\_\_\_\_\_YES \_\_\_\_\_\_\_NO

Write your name or name of individual you are nominating:

**Postmark deadline:**

**(date)**

**Postmark deadline:**

**(date)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credential ( ) RHIA ( ) CCS ( ) CCS-P ( )OTHER

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: Florida Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell/Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Personal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email to [gchimaboard@gmail.com](mailto:gchimaboard@gmail.com) or mail to GCHIMA1201 Gandy Blvd N #20486, St. Petersburg, FL 33742

We appreciate your interest in supporting Gulf Coast Health Information Management Association. Your continued participation is guaranteed to benefit GCHIMA. Thank you.

POST MARK DEADLINE: MARCH 31, 2023.