



# State Assembly Delegate Consent to Serve Form

Available at [www.ast.org](http://www.ast.org), Menu - State Assemblies

## Submit Form to Your State Assembly

AST Headquarters does not need a copy

I, \_\_\_\_\_, do hereby consent to serve the \_\_\_\_\_ State Assembly of the Association of Surgical Technologists If Elected as a:

- Delegate  Alternate

I understand that by consenting to serve the \_\_\_\_\_ State Assembly as a delegate or alternate I am making a commitment to fulfill my duties as stated below. Should I not be able to fulfill my role as a delegate or alternate and if I have incurred expenses, that \_\_\_\_\_ State Assembly is not responsible. If I have received any reimbursements from \_\_\_\_\_ State Assembly for conference expenses including travel and registration, that I will be responsible for repayment to \_\_\_\_\_ State Assembly.

- I will attend the Opening Ceremony.
- I will attend all AST Business Sessions 1&2.
- I will attend the Candidates Forum in order to make an informed voting decision.
- I will report to the delegate Chair before each business meeting, during the Candidates Forum, before voting and any other time the Chair deems necessary.
- I will be available to vote at the designated time.
- If I fail to meet any of the above criteria I understand that I forfeit the delegate stipend (if offered).
- As an acceptance of a stipend or per diem I will submit receipts of purchases to the State Assembly Treasurer for food, lodging, and transportation for reimbursement after conference.
- If I have been elected to serve as a delegate and do not meet these requirements, I understand that I may be asked to step down as delegate.

Dated this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Phone & Email \_\_\_\_\_