



**MAIL BALLOT for CHAPTER FINAL APPROVAL AND RECOGNITION
ASAM BOARD OF DIRECTORS**

DATE: _____

TO: ASAM BOD

FROM: ASAM SECRETARY (or individual delegated by the ASAM Secretary)

RE: _____'s Request for Formation of State Chapter

In _____, the Society's Board approved _____'s initial petition to begin formation of a state chapter. following this Board-approved first step and under the direction of the Society's Secretary, ASAM members in Hawaii were balloted and asked to vote on the formation of a chapter in their state. Those ballots have now been tallied, and _____'s members have (unanimously or by majority) approved the formation of the _____ Society of Addiction Medicine. Please indicate below whether you approve or disapprove the formation of this chapter.

_____ YES - I approve the formation of an ASAM chapter in _____.

_____ NO - I do not approve the formation of an ASAM chapter in _____.

_____ I abstain.

COMMENTS: _____

Signature

Printed Name

Date

Upon completion, please return this ballot by (date) _____ to:

_____ (Named ASAM staff member)

ASAM

11400 Rockville Pike, Suite 200

Rockville, MD 20852

Office:(301) 656-3920 Ext: _____ (Extension of the ASAM staff member)

FAX: (301) 656-3815

E-mail: (e-mail of the named ASAM staff member)

If you have any questions or require clarification, _____ (ASAM staff member) will be available to assist you.