



**ASAM** American Society of  
Addiction Medicine

**STATE MEMBER BALLOT  
TO PETITION FOR THE FORMATION  
OF  
AN ASAM CHAPTER**

ASAM MEMBERS IN \_\_\_\_\_

**As an active member of ASAM, residing in the State of \_\_\_\_\_, I vote:**

**YES**, in favor of the petition to establish an ASAM State Chapter in \_\_\_\_\_.

**NO**, against the petition to establish this Chapter.

I abstain.

COMMENTS:

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\_\_\_\_\_  
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: \_\_\_\_\_ (email of the ASAM staff member)

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

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