

Wyoming Nurses Association Consent To Serve Form

Deadline--August 1, 2017

Nominee For The Office Of:

Nominee Information

Full Name with Credentials

Phone Number

E-mail

Address

City

Zip

Current Employer

Position Description and Area of Practice

Educational Preparation (school, location, degree, year)

Experience Relevant to Office

Present Association Activities (ANA, WNA, Region)

Other Professional Organizations

Elected/Appointed Offices or Community Activities Relevant to this Position

Statement

What do you believe are the major issues before the Association, in particular the position for which you are a candidate. Include your goals and interested in this position. (200 to 220 words) This information is shared with the membership in your candidate profile.

I have read the duties of this office and if elected, I will serve WNA in the interest of professional nursing and abide by the WNA Bylaws, the annual Membership Assembly and Board policies and the ANA Code of Ethics for Nurses.

Signature (required)

Date

Region

Northeast

Northwest

Central

Southeast

Southwest

***Send completed form along with a headshot of yourself (jpeg) via e-mail to
tobilyon@wyonurse.org or via mail to WNA Office,
301 Thelma Drive, #200, Casper, Wyoming, 82609.
Photo and form need to be sent by August 1, 2017***