

CONNECTICUT NURSES' ASSOCIATION

CONSENT TO SERVE FORM

No Nominee is Considered Without Having Submitted This Form.

Instructions: Please PRINT all information directly onto this form. Fax or e-mail the information to CNA. Data on this form will be used by the Nominating Committee and in the Connecticut Nursing News. Return to CNA on or before July 15, 2009 at 377 Research Parkway, Suite 2D, Meriden, CT 06450-7160, via facsimile (203) 238-3437 or via e-mail info@ctnurses.org

Name and Credentials (will be used on official documents as printed above).

Mailing Address

City State Zip Code

Home Telephone # Business Telephone #

E-mail

CNA Region #: CNA Membership #:

Candidate for

Present or Most Present Position of Employment:

Position Title Date(s)

Employer City State Zip Code

ANA/CNA/PROFESSIONAL ACTIVITIES IN THE PAST TWO YEARS: (Optional)

Office/Committees Dates

[Blank lines for past activities]

Brief biography for ALL candidates. Candidate statements needed only for President-elect and Treasurer.

[Blank lines for biography]

If elected, I promise to serve CNA to the best of my ability in the promotion of the program adopted by the membership and in the best interest of nurses and nursing.

SIGNATURE: DATE: