**CONNECTICUT NURSES' ASSOCIATION**

***CONSENT TO SERVE FORM***

# To be considered for elected office:

Any Questions? Email membership@ctnurses.org

 Click or tap here to enter text.

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

 Click or tap here to enter text.

Mailing Address

City Enter City State Enter State Zip Code Enter Zip Code

Home/Cell Telephone # Enter Home/Cell # Business Telephone # Enter Business #.

Email Enter Email Address

CNA Membership #: Enter CNA Membership #

Candidate for Enter which Position would you like to run for.

Present or Most Present Position of Employment:

Position Title Enter Position Title Date(s): Enter Dates at Position

Employer Enter Employer Name City, State, Zip Code Enter City, State, Zip

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

Office/Committees Dates

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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: