

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

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: _____