

CONNECTICUT NURSES' ASSOCIATION

CONSENT TO SERVE FORM

To be considered for elected office:

Any Questions? Email membership@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 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

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: _____