

# Consent to Serve for the MNA 2010 Election

I am interested in active participation in Massachusetts Nurses Association.



## MNA General Election

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| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years<br><input type="checkbox"/> Treasurer, Labor*, 1 for 2 years<br><input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region]<br><input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years)<br><input type="checkbox"/> Director At-Large, General*, (4 for 2 years)<br><input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | <input type="checkbox"/> Bylaws Committee (5 for 2 years)<br><input type="checkbox"/> Congress on Nursing Practice (4 for 2 years)<br><input type="checkbox"/> Congress on Health Policy (4 for 2 years)<br><input type="checkbox"/> Congress on Health & Safety (4 for 2 years)<br><input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
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\* "General" means an MNA member in good standing and does not have to be a member of the labor program. "Labor" means an MNA member in good standing who is also a labor program member. "Labor Program Member" means a non-RN health care professional who is a member in good standing of the labor program.

Please type or print — Do not abbreviate

**Name & credentials** \_\_\_\_\_  
(as you wish them to appear in candidate biography)

Work Title \_\_\_\_\_ Employer \_\_\_\_\_

MNA Membership Number \_\_\_\_\_ MNA Region \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

### Educational Preparation

School	Degree	Year

### Present or Past MNA Offices/Association Activities (Cabinet, Council, Committee, Congress, Unit, etc.) *Past 5 years only.*

MNA Offices	Regional Council Offices

Candidates may submit a **typed** statement not to exceed 250 words. Briefly state your personal views on nursing, health care and current issues, including, if elected, what your major contribution(s) would be to the MNA and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse Advocate*. Statements, if used, must be submitted with this consent-to-serve form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Signature of Nominator (leave blank if self-nomination)

**Postmarked Deadline:** Preliminary Ballot: March 31, 2010  
 Final Ballot: June 1, 2010

**Return To:** Nominations and Elections Committee  
 Massachusetts Nurses Association  
 340 Turnpike Street, Canton, MA 02021

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| <ul style="list-style-type: none"> <li>Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.</li> <li>Expect a letter of acknowledgment (call by June 1 if none is received)</li> </ul> | <ul style="list-style-type: none"> <li>Retain a copy of this form for your records.</li> <li>Form also available on MNA Web site: <a href="http://www.massnurses.org">www.massnurses.org</a></li> </ul> |
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