

# Call for Nomination/Consent to Serve for the NNU 2012<sup>†</sup> Delegate Election



MNA delegates to the NNU Convention will be directly elected through a secret ballot election by MNA RN Labor Program members in good standing within each region. Must be an MNA RN Labor Program member in good standing to be eligible for election.

- |  |   |
|--|---|
| <input type="checkbox"/> Regional Council 1, Delegate (3 for 2* year term) | <input type="checkbox"/> Regional Council 1, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 2, Delegate (5 for 2* year term) | <input type="checkbox"/> Regional Council 2, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 3, Delegate (4 for 2* year term) | <input type="checkbox"/> Regional Council 3, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 4, Delegate (4 for 2* year term) | <input type="checkbox"/> Regional Council 4, Alternate (1 for 2* year term) |
| <input type="checkbox"/> Regional Council 5, Delegate (5 for 2* year term) | <input type="checkbox"/> Regional Council 5, Alternate (1 for 2* year term) |

<sup>†</sup>The formal governance structure of the NNU was adopted at its 2011 convention. As a result MNA's policy for NNU delegate terms and the commencement of those terms will need to be amended by the membership to align with the adopted 3 year terms under NNU governance structure. The "effective term" is subject to upcoming policy vote by MNA membership at the annual business meeting October 4, 2012.

\*Please be advised that individuals running for the NNU delegate positions are committing to a three (3) year term of office.

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 or emailed** 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 as a delegate and in particular to the position which you seek. This statement will be used in the candidate biography and published in the *Massachusetts Nurse*. Statements, if used, must be submitted with this consent-to-serve form.

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

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

**Received Deadline for Consent to Serve form: March 29, 2012**

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

*Due to the earlier time frame of the NNU Convention (Dec. 2012), this election will not run concurrently with the MNA election.*

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
- Expect a letter of acknowledgment (call by March 30 if none is received)
- Retain a copy of this form for your records.
- Form also available on MNA Web site: [www.massnurses.org](http://www.massnurses.org)