

Consent to Serve for the MNA 2012 Election

I am interested in active participation in Massachusetts Nurses Association.

MNA General Election

- | | |
|--|---|
| <input type="checkbox"/> Vice President, Labor*, 1 for 2 years | <input type="checkbox"/> Bylaws Committee (5 for 2 years) [1 per Region] |
| <input type="checkbox"/> Treasurer, Labor*, 1 for 2 years | <input type="checkbox"/> Congress on Nursing Practice (4 for 2 years) |
| <input type="checkbox"/> Director, Labor*, (5 for two years) [1 per Region] | <input type="checkbox"/> Congress on Health Policy (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, General*, (4 for 2 years) | <input type="checkbox"/> Congress on Health & Safety (4 for 2 years) |
| <input type="checkbox"/> Director At-Large, Labor*, (3 for 2 years) | <input type="checkbox"/> Center for Nursing Ethics & Human Rights (2 for 2 years) |
| <input type="checkbox"/> Nominations Committee, (5 for 2 years) [1 per region] | <input type="checkbox"/> At-Large Position in Regional Council (2 for 2 years) |

***“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. Members shall be considered eligible for only one elective office in MNA (Regional or General) at any one time.*

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 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*. 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: Final Ballot: June 1, 2012

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

- Hand delivery of material must be to the MNA staff person for Nominations and Elections Committee only.
 - Expect a letter of acknowledgment (call by June 1 if none is received)
- Retain a copy of this form for your records.
 - Form also available on MNA Web site: www.massnurses.org