

# Call for Nomination/Consent to Serve for the 2023 MNA General & NENA Delegate Elections

*I am interested in active participation in:*

## MNA General and NENA Delegate Election

- |   |  |
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| <input type="checkbox"/> <b>President, Labor*</b> , 1 for 3 years                     | <input type="checkbox"/> <b>Labor Program*</b> , (1 for 3 years) [non-RN]                            |
| <input type="checkbox"/> <b>Secretary, Labor*</b> , 1 for 3 years                     | <input type="checkbox"/> <b>At-Large Position in Regional Council</b><br>(3-year term; 2 per Region) |
| <input type="checkbox"/> <b>Director, Labor*</b> , (5 for three years) [1 per Region] | <input type="checkbox"/> <b>Nominations Committee</b> , (5 for 3 years) [1 per region]               |
| <input type="checkbox"/> <b>Director At-Large, General*</b> , (3 for 3 years)         | <input type="checkbox"/> <b>Bylaws Committee</b> , (5 for 3 years)                                   |
| <input type="checkbox"/> <b>Director At-Large, Labor*</b> , (4 for 3 years)           | <input type="checkbox"/> <b>NENA Delegate, Labor</b> (9 for 3 years term)                            |

\*"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 collective bargaining unit 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** \_\_\_\_\_ **Non-work email:** \_\_\_\_\_

### 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 an **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 in particular to the position which you seek. This statement will be used in the candidate biography and published on the Massachusetts Nurses Association website. Statements, if used, must be emailed to **mnaelections@mnarn.org**, subject: elections-no later than May 26, 2023.

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

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

**Received Deadline: All nominations/consent forms and candidate statements must be received by 4:30 p.m. on May 26, 2023.**

**Return To: Nominations and Elections Committee  
Massachusetts Nurses Association  
340 Turnpike Street, Canton, MA 02021  
email: mnaelections@mnarn.org**

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| <ul style="list-style-type: none"><li>• Application must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee. <u>Candidate statements must be emailed to mnaelections@mnarn.org.</u></li><li>• Acknowledgment of receipt of your submission will be emailed to your non-work email account within 48 hours of receipt.</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>, under applications and forms.</li></ul> |
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**Massachusetts  
Nurses  
Association**

