Call for Nomination/Consent to Serve for the 2015 MNA General & NENA Delegate Elections

I am interested in active participation in:.

MNA General and NENA Delegate Election

- ❑ President, Labor*, 1 for 2 years
- ❑ Secretary, Labor*, 1 for 2 years
- ❑ Director, Labor*, (5 for two years) [1 per Region]
- ❑ Director At-Large, General*, (3 for 2 years)
- ❑ Director At-Large, Labor*, (4 for 2 years)
- ❑ Labor Program*, (1 for 2 years) [non-RN]
- ❑ Nominations Committee, (5 for 2 years) [1 per region]
- ❑ Bylaws Committee, (5 for 2 years)
- ❑ Congress on Nursing Practice (5 for 2 years)
- ❑ Congress on Health Policy (5 for 2 years)
- ❑ Congress on Health & Safety (5 for 2 years)
- ❑ Center for Nursing Ethics & Human Rights (2 for 2 years)
- ❑ At-Large Position in Regional Council (2 for 2 years)
- ❑ NENA Delegate, Labor (9 for up to 3 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. "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 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 June 5, 2015.

Signature of Member

Signature of Nominator (leave blank if self-nomination)

Received Deadline: All nominations/consent forms must be received by 4:30 p.m. on May 29, 2015

Return To: Nominations and Elections Committee
Massachusetts Nurses Association
340 Turnpike Street, Canton, MA 02021
fax: 781-821-4445/ email: mnaelections@mnarn.org

- Application must be mailed, faxed or emailed to the attention of the MNA staff person for Nominations and Elections Committee. Candidate statements must be emailed to mnaelections@mnarn.org.
- If you need assistance accessing your MNA webmail contact jmarshall@mnarn.org.
- Acknowledgment of receipt of your submission will be emailed to your **MNA** webmail account within 48 hours of receipt
- Retain a copy of this form for your records.
- Form also available on MNA Web site: www.massnurses.org, under applications and forms

Massachusetts Nurses Association MNA National Nurses United