

Call for Nomination/Consent to Serve for the 2026 MNA General, Regional Council & NENA Delegate Elections

I am interested in active participation in:

1 MNA General

- | | |
|---|--|
| <input type="checkbox"/> President, Labor*, 1 for 3 years | <input type="checkbox"/> Director At-Large, Labor*, (4 for 3 years) |
| <input type="checkbox"/> Secretary, Labor*, 1 for 3 years | <input type="checkbox"/> Labor Program*, (1 for 3 years) [non-RN] |
| <input type="checkbox"/> Director, Labor*, (5 for three years) [1 per Region] | <input type="checkbox"/> Nominations Committee, (5 for 3 years) [1 per region] |
| <input type="checkbox"/> Director At-Large, General*, (3 for 3 years) | <input type="checkbox"/> Bylaws Committee, (5 for 3 years) |

2 Regional Council

- At-Large Position in Regional Council
(3-year term; 2 per Region)

3 NENA Delegate

- NENA Delegate
(9 for 3 year 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 29, 2026.

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 29, 2026.

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

- Application must be mailed, faxed or emailed to the attention of the Nominations and Elections Committee. Candidate statements must be emailed to mnaelections@mnarn.org. Statements will NOT be edited.
- Acknowledgment of receipt of your submission will be emailed to your non-work email 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

