



Montana Nurses Association

20 Old Montana State Hwy. ~ Clancy, MT 59634

Election & Appointment

2019 CONSENT TO SERVE

All sections must be completed

Name:	Credentials:	Date:
Board, Council, Committee Position For Election or Appointment:		
Place of Employment:	District #:	Local #:
Position/Title:		
Email address:		
Cell Phone:		

NURSING ORGANIZATION SERVICE HISTORY

Name of Committee, Council or Board of Directors	Level of Service (local, district, state, national)	Dates Served

WRITTEN STATEMENT: Write a brief philosophical statement in the box below explaining how you will represent the profession of nursing and MNA as an elected/appointed leader.

Email this completed form and a digital photo to jennifer@mtnurses.org
 (Electronic version of this form located on our website www.mtnurses.org)

MNA will publish photo with your written statement on the ballot and/or in The PULSE MNA Newsletter.

By submitting this form, I am attesting that I am willing and able to serve, if elected/appointed, to this MNA Office, Committee, or Council: _____

Your Electronic or Typed Signature: _____

(An email submission of this form serves as your signature)