Montana Nurses Association
20 Old Montana State Hwy. ~ Clancy, MT 59634
Election & Appointment
2019 CONSENT TO SERVE
All sections must be completed

<table>
<thead>
<tr>
<th>Name:</th>
<th>Credentials:</th>
<th>Date:</th>
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</table>

Board, Council, Committee Position For Election or Appointment:

Place of Employment: | District #: | Local #: |

Position/Title:

Email address:

Cell Phone:

### NURSING ORGANIZATION SERVICE HISTORY

<table>
<thead>
<tr>
<th>Name of Committee, Council or Board of Directors</th>
<th>Level of Service (local, district, state, national)</th>
<th>Dates Served</th>
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**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)