



# Montana Nurses Association

20 Old Montana State Hwy. ~ Clancy, MT 59634

Election & Appointment

## 2020 CONSENT TO SERVE

All sections must be completed

<b>Name:</b>	<b>Credentials:</b>	<b>Date:</b>
Board, Council, Committee Position For Election or Appointment:		
Place of Employment:	District #:	Local #:
Position/Title:		
<b>Email address:</b>		
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](mailto:jennifer@mtnurses.org)  
(Electronic version of this form located on our website [www.mtnurses.org](http://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)