

NEVADA NURSES ASSOCIATION

CONSENT TO SERVE – MEMBER PROFILE

ELECTION 2010 BIOGRAPHICAL FORM TO BE COMPLETED BY NOMINEE

SEND COMPLETED FORM AND PHOTO TO:

NNA, P.O. Box 34660, Reno, Nevada 89533

TELEPHONE 775 747-2333 / FAX (775) 201-9002 or EMAIL nvnursesassn@mvqn.net

DEMOGRAPHICS

Name: _____ Credentials: _____

Home Address: _____

City _____ State _____ Zip _____

Business/Employer Name: _____

Address: _____

City _____ - State _____ Zip _____

Home Phone: _____ Business Phone: _____ Cell: _____

Fax Number: _____ Email Address: _____

(Please * preferred phone contact)

EDUCATION (*Name of Institution, Location, Year*)

ADN: _____

Diploma: _____

BSN: _____

Masters: _____

Doctorate: _____

Other: _____

PROFESSIONAL EXPERIENCE

Present Position: _____

Employing Agency: _____

Job Responsibilities: _____

Areas of Expertise _____

Areas of Interest: _____

NNA OFFICES HELD (give offices held and year/dates position held)

Current Positions Past Positions

National/ANA _____

State _____

District _____

OTHER PROFESSIONAL ACTIVITIES (give exact name of organization, offices held, and year/dates position held)

CONSENT TO BE NOMINATED: (to be printed on the ballot, includes photo)

If elected to office,
I promise to serve to the best of my ability in the best interest of nurses and nursing.

I understand the duties of the office as set forth in the by-laws and Policies and Procedures of Nevada Nurses Association

Date: _____ Signed: _____

The Position I am seeking is _____

FORMS RECEIVED BY NNA AFTER July 23 WILL NOT BE ACCEPTED.

Elections to be decided by anonymous ballot and winner announced at the:
Annual Nevada Nurses Association Convention Membership meeting on October 23, 2010

Attach CV please