



NORTHWEST PERIANESTHESIA NURSES ASSOCIATION

Willingness to Serve

I am interested in becoming a more active member in the Northwest PeriAnesthesia Nurses Association (NPANA.) I give my consent to run for office on this year's ballot for Board of Directors. I understand that if I am elected to this office I will perform all the duties of this office as outlined in the current bylaws of NPANA. I will attend all Board of Directors meetings unless excused by the president. Upon completion of my term or if otherwise relieved of the office, I will return all NPANA records and property to the association.

After reading the above statements, I give my consent to be nominated for the office of _____ To begin fall of the year _____

Personal Name _____
Home Address _____
City, State, Zip Code _____
Home Phone () _____ Home Fax () _____

Employment Employer Name/Address _____
Position _____
Work Phone () _____ Work Fax () _____

Preferred Email for NPANA _____

Background Number of years as an NPANA member _____
Number of years in peri-anesthesia nursing _____
Certification(s) _____

Professional Involvement List involvement with professional associations/organizations:
Association _____
Office(s) held _____
Committee(s) _____
Other Involvement _____

Goals for NPANA _____

References List two persons knowledgeable about your professional activities:
1) Name _____ Position _____
Address _____ Phone # _____
2) Name _____ Position _____
Address _____ Phone # _____

Your Signature _____ Date _____

Return form to:
Immediate Past President
Address and Email address found at www.NPANA.org