



Missouri Nurses Association
Consent-To-Serve
2011-2013

Committee: (List all Committees on which you wish to serve)

BIOGRAPHICAL DATA:

Name: Credentials:
Street:
City: State: Zip:
Daytime Phone: Email:

My employment, education, and activity have not changed in the past 2 years, please use the information from my previous Consent-to-Serve form.

EMPLOYMENT:

Primary Area of Expertise/Specialty:
Employer: Title:
City: State: Zip:

EDUCATION (School, Location Degree, Received)

ANA/MONA/DNA NURSING ORGANIZATIONAL ACTIVITY (Organization, Position, Date)

Present Positions:

Past Positions:

I understand the duties and responsibilities of the office for which I am submitting my name as outlined in the MONA bylaws. If appointed, I agree to fulfill the duties of the office to the best of my ability.

Signature: Date:

By checking this box, I am providing my electronic signature to confirm that the information provided above is accurate. (In addition to checking this box, please print name in the signature line and date above.)

RETURN COMPLETED FORM TO
Missouri Nurses Association, P.O. Box 105228, Jefferson City, MO 65110
Fax (573) 636-9576
Email info@missourinurses.org