



Missouri Nurses Association
Consent-To-Serve Regional Chair
2011-2013

I agree to submit my name as a candidate for Regional Chair of region (please check one):

- Northwest Northeast West Central Central East Central Southwest Southeast

The MONA Nomination Committee will accept nominees by request of the regional membership or self nomination. You must be a current MONA member in good standing in the region you wish to run for office.

BIOGRAPHICAL DATA:

Name: _____ Credentials: _____
Street: _____
City: _____ State: _____ Zip: _____
Daytime Phone: _____ Evening Phone: _____
Fax Number: _____ E-Mail: _____

EMPLOYMENT:

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

EDUCATION (School, Location, Degree Received)

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

Present Positions: _____

Past Positions: _____

ORGANIZATIONAL NURSING AND CIVIC INVOLVEMENT (Other than MONA)

