

**Florida Nurses Association
Committee/Task Force
Declaration of Interest Form
2017-2019**

This year we have several opportunities to participate at the state level at committees and task forces. Please use this form to apply for the committee or task force of your choice. The Application is due by November 2 to allow appointments to be made at the first Board of Directors Meeting. Current members may re-apply.

I am interested in the following committee(s). (Select up to two)

Please check the box next to the desired committee. If interested in more than one, please designate your first and second choice.

Check your choice(s)	Name and Function of Committee	1 st choice	2 nd choice
	Bylaws Committee This committee will work on Bylaws review and revisions for the 2016 Member Meeting.		
	Reference Committee Solicits and develops issues proposals for consideration by the Membership Assembly the next Membership Assembly		
	Membership Committee Works with the Vice President and the Staff on membership retention and recruitment initiatives.		
	Membership Assembly Planning Committee- This group proposes the theme for Membership Assembly and serves as the Peer Review Committee for selection of the Education Content.		
	I am willing to serve as chair of my selected committee. (Indicate by checking the box on the left).		
	Task Force on Artificial Intelligence and Robotics in Healthcare- This task force will examine the impact of AI and Robotics and determine the needs of the nursing community and any necessary strategies in regards to addressing this issue.		

Meetings are usually held by conference call but may be face to face if members determine a need. Schedule is usually quarterly unless additional meetings are deemed necessary by the members of the committee. Time of day or night also determined by committee members. Please complete the form on page two.

Name _____ Email address _____

Current District _____ Phone number _____

Address _____

City, State, Zip _____

Please write a brief statement about your choice and your reason for volunteering below:

Email this form to info@floridanurse.org or fax it to (407)896-9042.