

Florida Nurses Association Nomination Form

****This form must be completed and signed by the candidate and returned to FNA Headquarters by April 15, 2019 to be considered by the Nominating Committee and to be listed in *The Florida Nurse*.****

Nominated by: _____
(Indicate structural unit)
or
 Self-nomination

Biographical Data and Consent-to-Serve

It is important that you include information that will describe your current and past experience in nursing and involvement in the Association, as well as why you believe you would like to serve in this position. This form will be used by the Nominating Committee, and then will be reprinted in the June issue of *The Florida Nurse* for those candidates on the ballot.

You are encouraged to review the general information about the offices, and if you would like more specific details, contact members who currently hold these positions. Contact FNA Headquarters for addresses and phone numbers.

Please return completed Consent-to-Serve form with signature no later than close of business April 15, 2019 to be considered by the Nominating Committee.

Please print legibly

Section 1

Nomination for Office(s) of: _____
(Please list specific FNA office sought)

Name: _____ Credentials: _____
Region: _____ County: _____
Street Address: _____ Personal Phone: _____
City: _____ Zip: _____ Business Phone: _____
Email: _____ Fax: _____

Please select the office you are running for below:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> President Elect | <input type="checkbox"/> Northwest Region Director | <input type="checkbox"/> West Central Region Director | <input type="checkbox"/> Director-Recent Graduate |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> North Central Region Director | <input type="checkbox"/> Southeast Region Director | <input type="checkbox"/> Nominating Committee (5) |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Northeast Region Director | <input type="checkbox"/> Southwest Region Director | <input type="checkbox"/> Representative to ANA Membership Assembly (2) |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> East Central Region Director | <input type="checkbox"/> South Region Director | |

Please describe in **50 words or less** why you want this position (what you would like to accomplish while holding this office):

Section 2 - Education (List all degrees you have completed):

School(s) of Nursing: _____

Section 3 - Place of Employment and present position held:

Section 4 - Professional organization activities (list offices and committees on national, state, or local level for the last five years), to include collective bargaining activities, and local unit leadership:

Region (District) :

State:

National:

International:

Present Office(s):

Section 6 - Are you currently or have you ever been a member of a collective bargaining unit?

Yes No

If yes, when and where: _____

I have read the FNA Bylaws and understand the duties and responsibilities of the office(s) for which I am submitting my name. If elected, I agree to fulfill the duties of the office(s) to the best of my ability.

Signature _____ **Date** _____