Please try to gather a signature from every person that you nominate, including yourself. We must have a signature (which serves as a consent to serve) from each nurse before their name can appear on the ballot.

**DEADLINE IS Monday, Feb. 10, 2020 at 11 p.m.**

Printed name of person completing form: __________________________________________

Your email address: _____________________________________________________________

Name of the person you are nominating for an Executive Committee position:

Nomination: ________________________________________________________________
Nomination: ________________________________________________________________
Nomination: ________________________________________________________________
Nomination: ________________________________________________________________

*(The nominee must submit a consent to serve form prior to election or appointment)*

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**CONSENT TO SERVE**

If appointed/nominated, I consent to serve for the following offices (list all that apply):

________________________________________

________________________________________

Signature                  Printed Name                  Date

Home email:____________________________  Mobile phone:____________________________

Best time to reach me:_________________________  Best way to reach me:_________________________