

CONSENT TO SERVE

Rhode Island State Nurses Association 2018 Elections

I am interested in active participation in the Rhode Island State Nurses Association

- Board of Directors Treasurer
 Secretary

Please type or print – do not abbreviate.

Name and credentials as you wish them to appear in Candidate Biography:

Position _____ Employer _____

Address _____

Home Phone # _____ Work Phone # _____

Membership# _____ E-mail Address _____

Professional Activity: _____

Position Statement: Briefly state your personal views on nursing and current issues including, if elected, what your major contribution(s) would be to RISNA and in particular what are your qualifications for this position. This statement will be used in a Candidate Biography sent with the ballot.

Please return completed form by August 01, 2018

Return to: RISNA, 1800 D Mineral Spring Avenue, P.O. Box 299, North Providence, RI 02904
Or email to dpolicastro@risna.org.