

To be completed by Nominee

CONSENT TO SERVE: ELECTION 2024



Send Completed Form and Photo to kkoehn@mnorn.org

Forms received by MNORN after September 30, 2024, will not be considered

Elections will be decided by anonymous ballot. Those elected will be announced at the Minnesota Organization of Registered Nurses Membership meeting in December 2024.

Name:

Credentials:

Address:

Street:

City:

State:

Zip:

Phone:

Email:

Position Seeking:

Why are you interested in this office?

Education

Please list name of Institution, Location & Year

ADN:

Diploma:

BSN:

Masters:

Doctorate:

Professional Experience

Current Position:

Previous Position(s):

Areas of Expertise and Interest

Please List:

Volunteer Offices Held

Name of Organization:

Office Held:

Dates:

Name of Organization:

Office Held:

Dates:

Name of Organization:

Office Held:

Dates:

Name of Organization:

Office Held:

Dates:

CONSENT TO BE NOMINATED: (consent will be printed on the ballot including photo)

If elected to office, I promise to serve to the best of my ability in the best interest of nurses and nursing. I understand the duties of the office as set forth in the Bylaws and Policies and Procedures of the Minnesota Organization of Registered Nurses.

Signature:

Date: