CONSENT TO SERVE: ELECTION 2026

To be completed by Nominee

Send Completed Form and Photo to

Forms received after September 30, 2026 will not be considered

kkoehn@mnorn.org

Applicant Information

Elections will be decided by anonymous ballot. Those elected will be announced at the Minnesota Organization of Registered Nurses (MNORN) Membership Meeting in December 2026.

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:**