

ISAPN

Illinois Society for Advanced Practice Nursing

ISAPN CONSENT TO SERVE 2008

I, _____, give my consent to be considered for the position of ISAPN (check one):

- ___ ISAPN President (2 year term)
- ___ ISAPN Secretary (2 year term)
- ___ CNRA Representative (2 year term)
- ___ CNS Representative (2 year term)
- ___ Government Relations Committee Chair (2 year term)
- ___ Membership/Marketing Committee Chair (2 year term)
- ___ Student Representative (2 year term)
- ___ Region 2 Chair (2 year term)
- ___ Region 4 Chair (2 year term)
- ___ Region 6 Chair (2 year term)

If selected, I agree to serve in this position for the term indicated.

Signature

Date

Please submit the following to Kathleen Jorgensen, Executive Director of ISAPN by June 1, 2008

- 1) Completed Consent to Serve form
- 2) CV
- 3) Brief candidate statement (include ISAPN experience)
- 4) Digital photo of yourself

Fax# (217) 525-2843

e-mail to kathleen@isapn.org

Name _____

Address _____

Phone _____

e-mail _____

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