



PIERCE COUNTY NURSES ASSOCIATION

SUPPORT + ENCOURAGE + EMPOWER + ENGAGE

PIERCECOUNTYNURSES.COM

CONSENT - TO - SERVE

PCNA Elected Office and Committee Appointments

I consent to serve on the Pierce County Nurses Association Board of Directors. The position I am seeking is: (please check)

President (facilitate regular monthly meetings of the Board of Directors, ensure Board operates according to by-laws, and serve as official spokesperson)

Vice-President (assumes President's duties in the absence of President, serve on committees and as resource person)

Secretary (keeps minutes of all PCNA meetings and monthly Board of Directors' meetings)

Treasurer (prepares annual budget for BOD approval, monitor fiscal affairs of PCNA, and liaises with CPA, oversees annual audits, serves as chairperson of Finance Committee)

Board of Director (exercise responsibility and fiduciary duties of the PCNA, coordinate functions and activities of the PCNA)

MEMBER INFORMATION Name: _____

Address: _____

City: _____

Home Number: _____ Work: _____ E-mail Address: _____

PROFESSIONAL EXPERIENCE Present Position: _____

Employer: _____

If not presently employed in nursing, please list your last position: Occupation: _____

Employer: _____

PROFESSIONAL ACTIVITIES Present offices:

WSNA _____

PCNA _____

Local Unit _____

National Office _____

Previous Offices:

WSNA _____

PCNA _____

Local Unit _____

National Office _____

PERSONAL INFORMATION Professional Memberships, interests, community involvement, family, etc.

If elected or appointed to the PCNA Board of Directors or Committee, it is my obligation to attend meetings. If I am unable to fulfill this commitment, I will resign.

Signature

Printed Name

Date