



## WCAPN Consent to Serve

**Deadline—July 24, 2020**

Nominee for the Office of (select one)

- President Elect
- Secretary
- Directors at Large (2 positions)

*Please complete the following information:*

Name:		Professional Credentials:
Phone Number:	Email:	
Street Address:		City and Zip:
Current Position:		Current Employer:
Education Preparation (School, location, degree, year):		
What activities are you currently involved with or have been in the past related to WCAPN?		
What other professional organizations are you involved with?		

Indicate your view on issues facing WCAPN. (max 150 words) *This statement will be shared publicly with the membership.*

*I have read the read the duties of this office and if elected, I will serve WCAPN in the interest of professional nursing and abide by the WCAPN Bylaws.*

Signature (required)	Date
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**Send complete form along with a headshot of yourself (jpeg)**

**via e-mail to [m2kidner2@gmail.com](mailto:m2kidner2@gmail.com)**

**The deadline for submission is 5:00 p.m. on July 24, 2020.**