

Consent To Serve Form

Deadline--July 31, 2016



Nominee For The Office Of:

Nominee Information

Full Name with Credentials

Phone Number

E-mail

Address

City

Zip

Current Employer

Position Description and Area of Practice

Educational Preparation (school, location, degree, year)

Experience Relevant to Office

Present WCAPN Association Activities or Other Professional Organizations

Elected/Appointed Offices or Community Activities Relevant to this Position

Statement

Indicate your view on issues facing WCAPN. (max 100 words)

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

Signature (required)

Date

**Send completed form along with a headshot of yourself (jpeg)
via e-mail to tobi@wcapn.org
Photo and form need to be sent by July 31, 2016**