



# Minnesota Nurses Association Request to be Considered by the Board of Directors for Appointment

I wish to be considered for an appointment to the \_\_\_\_\_

Name \_\_\_\_\_ Non-work e-mail \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

City/State/ZIP \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer name \_\_\_\_\_

**Why are you interested in being appointed?**

---

---

---

**List activities you have participated in, offices you have held, or education received in a MNA local bargaining unit or at the state or national level which would help you to accomplish the work of this Committee or Task Force.**

Activity / Office

Dates (From/To)

---

---

---

---

---

---

**List a MNA member who will recommend or support your appointment to this position.**

---

---

---

---

**Is there any other information you wish to provide?**

**By submitting this form, I acknowledge that I am able to serve in accordance with the MNA Bylaws. If appointed, I agree to serve and support MNA's mission, strategic goals, and priorities and commit to participating in activities on behalf of MNA.**

Signature

Date