

**CONSENT TO SERVE FORM**



Oklahoma Nurses Association  
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Oklahoma City, Oklahoma 73103  
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www.oklahomanurses.org

*I am interested in participating in an elected position of the Oklahoma Nurses Association and have read the ONA Bylaws. I consent to serve in the following position, if elected by the ONA membership*

PLEASE TYPE OR PRINT - DO NOT ABBREVIATE - GIVE COMPLETE INFORMATION AS REQUESTED

Position \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

ONA / ANA Membership No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Region \_\_\_\_\_

Educational Preparation (school, location, degree, year) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Nursing Position (title, employer, and city) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Association Activities (ANA, ONA, DNA) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Professional and Community Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Candidates for the Board of Directors should give a statement **NOT TO EXCEED 100 WORDS** indicating your views on nursing and issues facing ONA and your position on these issues. This statement may be published in The Oklahoma Nurse. Electronic Photo file should also be included.

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\_\_\_\_\_

Must be received  
in the ONA Office  
by

\_\_\_\_\_ Date

\_\_\_\_\_ Signature