

CONSENT TO SERVE FORM



Oklahoma Nurses Association
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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.

Must be received
in the ONA Office
by

_____ Date

_____ Signature