



VIRGIN ISLANDS STATE NURSES ASSOCIATION

Nomination Committee

CONSENT TO SERVE FORM*

Candidate for the Office of: _____

TO: Chairman, Nominating Committee
Board of Directors

[] I am willing to serve if elected as _____
Office

I currently hold membership in _____
Name of Association/District

BIOGRAPHICAL DATA

Name: _____ Credentials: _____

Physical/Mailing Address: _____

ANA Membership No. _____ E-mail: _____

Telephone No. (home) _____ (mobile): _____

Awards/Honors:

Affiliations: Professional/Community/Other

Offices held at the District and/or State level:

Goal (s) for the Association:

Date Submitted:

Signature: _____