

KANSAS STATE NURSES ASSOCIATION (KSNA)
Consent to Serve on Committees, Councils & Event Planning Groups
 Visit us at www.ksnurses.com

YES, I am a member of KSNA and I give consent to being appointed to a KSNA committee, council, or event planning group. I have read the responsibilities listed in the KSNA Bylaws and, if appointed, I agree to the term of the appointment, to assume financial responsibility for my participation, and to actively participate in each assigned group.

Signature _____ Date Signed _____

Please complete the information below and send to KSNA, 1109 SW Topeka Blvd., Topeka, KS 66612-1602; FAX to 785-233-5222; Scan/Email to ksna@ksnurses.com by December 1. You will be notified of your appointment(s) by year-end. Thank you for your desire to become involved in your professional nurses association.

I would like to serve in the following area(s); please rank order your preferences beginning with your first choice as 1, second choice as 2, and third choice as 3.

- | | |
|--|--|
| <input type="checkbox"/> Bylaws Committee (1 yr term) | <input type="checkbox"/> Legislative Committee Chair (1 yr term) |
| <input type="checkbox"/> Council on Continuing Education (2 yr term) | <input type="checkbox"/> Legislative Conference Event Planning (2 yr term) |
| <input type="checkbox"/> Council on Education (2 yr term) | <input type="checkbox"/> Membership Assembly Event Planning (2 yr term) |
| <input type="checkbox"/> Council on Practice (2 yr term) | <input type="checkbox"/> Membership Committee Chair (1 yr term) |
| <input type="checkbox"/> Editorial Board (2 yr term) | <input type="checkbox"/> Nominating Committee (1 yr term) |
| <input type="checkbox"/> Finance Committee (3 yr term) | <input type="checkbox"/> Technology Committee (1 yr term) |

Please complete the information below (type or print)

Name & Credentials _____
 Home Address, City, State, Zip _____
 Name of Employer _____
 Work Address, City, State, Zip _____
 Best Telephone Contact(s) _____
 Email Address _____

Tell us about your education (institution, city & state, and degree received)

Undergrad Level	Location	Degree Received
Grad Level	Location	Degree Received

Tell us about your leadership in nursing over the last three years (National, State, and Local Levels).

Organization	Position

Use back or another page if needed.