



Illinois Nurses Association
910 W. Van Buren St, Suite 502
Chicago, Illinois 60607

2019-2021 CONSENT TO SERVE FORM

For: INA Board of Directors, Executive Committee Member or as an INA-PAC Trustee

Please type or neatly print. Return the completed form to:

INA, 910 W. Van Buren Street, Suite 502, Chicago, Illinois 60607 or Fax: 312-419-2920

MEMBER INFORMATION

Name:
Street Address:
City: State: Zip:
Home Phone: Cell Phone:
Email:

(NOTE: Proficiency with use of e-mail, MS Word and PDF software, while not a requirement to run or hold INA office, it is highly recommended since the Board, Trustees and Committees do communicate regularly and conduct some business electronically.)

NURSING PREPARATION - Please state your highest nursing degree, non-nursing education & where you attended school.

Diploma Masters
Associate Degree Doctorate
Baccalaureate Non-Nsg. Education

PROFESSIONAL EXPERIENCE

Present Position:
Employer: Dates:
If not presently employed in nursing, please list your present occupation:
Employer: Dates:

COMMITTEE & PAC APPOINTMENTS:

I would like to be considered for the following positions (please place an X in the box):

- AD HOC COMMITTEE (as needed): INA Board of Directors may appoint Ad Hoc Committees for a special project. Ad Hoc Committees are disbanded once the project is completed.
DISCIPLINARY HEARING COMMITTEE (as needed): Upon selection by the INA Board of Directors conducts a full and fair hearing of any member who is subject to discipline under the INA bylaws.
INA PAC BOARD OF TRUSTEES (one to four meetings/year): Plans and implements endorsements, fund-raising, candidate support activities and political education.

ELECTED OFFICES:

I consent to have my name considered for the following elected INA Offices:

BOARD OF DIRECTORS (approximately four 1-day meetings/year, with occasional conference calls in between as necessary): Exercise the corporate responsibilities and fiduciary duties of the INA and transact the business of INA between Membership Assemblies.

- PRESIDENT VICE PRESIDENT SECRETARY
TREASURER DIRECTOR INDIVIDUAL AFFILIATE (non-RN office)

Print your name as it should appear on the ballot:

Candidate's Statement to include: Title and Date(s) of: Past and/or present positions and any awards received from INA or your Local Unit. (Please type or neatly print.)

Information on this page will be used by INA to prepare the ballot. To be placed on the ballot, you must complete a consent-to-serve form and submit it by the submission deadline. If your name does not appear on the ballot and you still wish to be a candidate, you may self-declare as a candidate by notifying INA Headquarters and completing a consent-to-serve form prior to the stated deadline for self-declared candidates.

If elected or appointed to the INA Board of Directors, a Committee Member or as an INA-PAC Trustee, it is my obligation to attend meetings. If I am unable to fulfill this commitment, I will resign.

Signature: _____ Date: _____