

2018 IAOHN ELECTIONS FORM

Name:

E-mail Address:

Best Phone Number:

Employer:

Title:

POSITION OF INTEREST

Office: \_\_\_\_ President \_\_\_\_ Recording Secretary \_\_\_\_ Director, Southern Indiana

\_\_\_\_ Director, Mid-Indiana \_\_\_\_ Elections Committee Member

Are you a member of AAOHN? \_\_\_\_ YES \_\_\_\_ NO

 If Yes, how many years have you been a member of IAOHN? \_\_\_\_\_\_

List other Professional Affiliations:

List positions held within local, state, or national Association of Occupational Health Nurses:

Bio/Work Experience (or attach resume):