CONSENT TO SERVE FORM

|  |  |
| --- | --- |
| Name |  |
| Credentials  |  |
| Address |  |
| City |  |
| State, Zip |  |
| Area of Practice |  |
| Employer |  |
| Past NDNA Positions (if any) |       |
| Short Bio to include why you desire to serve:(Practice history, past leadership roles, and why you desire to serve NDNA)\*\*\*PLEASE ATTACH PICTURE OF YOURSELF \*\*\* |  |

|  |  |
| --- | --- |
| I wish to have my name placed on the **ballot** for the NDNA office or position of: |  |
| I wish to submit my name to **volunteer** to participate on the following committee: |       |
| Please list any gifts and talents you bring to NDNA |  |

Position descriptions are found in the bylaws and at ndna.org.

IF ELECTED, I CONSENT TO SERVE AND AGREE TO fulfill to the best of my ability, the duties and responsibilities for the office for which I am submitting my name:

|  |  |
| --- | --- |
| Date | Signature  |

|  |  |
| --- | --- |
| Email  | Phone  |

Email form to director@ndna.org