

**2021 IAOHN ELECTIONS FORM**

**Name:**

**E-mail Address:**

**Best Phone Number:**

**Employer:**

**Title:**

**POSITION OF INTEREST**

**Office:**

\_\_\_\_ Vice President   \_\_\_\_ Director, Northern Indiana

\_\_\_\_ Corresponding Secretary \_\_\_\_ Director, at Large

\_\_\_\_ Elections Committee Member  \_\_\_\_ Treasurer

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):