

WILLINGNESS TO SERVE FORM

\_\_\_\_ Delegate to Surgical Expo

\_\_\_\_ Board Member

\_\_\_\_ Committee work

\_\_\_\_ Nominating Committee

\_\_\_\_ Bylaws / Policy Committee –

\_\_\_\_ Education Committee -

\_\_\_\_ Communication Committee –

\_\_\_\_ Legislative Committee –

**POSITIONS OPEN FOR ELECTION YEAR 2023-2025**

\_\_\_\_ PRESIDENT

\_\_\_\_ **PRESIDENT ELECT (1) 2 year commitment**

**(1 year as President Elect/1 year as President)**

**\_\_\_\_ Secretary 2 year term (Open for 7-01-2023 to 6-30-2025)**

\_\_\_\_ Treasurer 2 year term

**\_\_\_\_ Board of Directors (2) 2 year term (7-01-2023 to 6-30-2025)**

\_\_\_\_ Board of Directors (1) 1 year term

**\_\_\_\_\_ Nominating Committee**

\_\_\_\_\_**Bylaw Chair**

Name: \_\_\_\_\_\_\_\_

Preferred mailing address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City ZIP

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City ZIP

Are you CNOR yes \_\_\_\_no Year of Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you CRNFA \_\_\_\_yes \_\_\_\_no Year of Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the past I have served AORN in the following capacities, (include offices, committees, presentations, projects, etc.)

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

**Please complete and return this form by 05/30/23 to**

**Suzanne Baek: suzannebaek1@gmail.com**