



**KANSAS STATE NURSES ASSOCIATION (KSNA)**

Consent to Serve on Committees &

Event Planning Groups

Visit us at [www.ksnurses.com](http://www.ksnurses.com)

I would like to serve in the following area(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Editorial Board (2 yr term)                       | <input type="checkbox"/> Membership Assembly Event Planning (2 yr term) |
| <input type="checkbox"/> Finance Committee (3 yr term)                     | <input type="checkbox"/> Bylaws Committee (1 yr term)                   |
| <input type="checkbox"/> Legislative Committee (1 yr term)                 | <input type="checkbox"/> Council on Education (2 yr term)               |
| <input type="checkbox"/> Legislative Conference Event Planning (2 yr term) | <input type="checkbox"/> Council on Practice (2 yr term)                |

**Please complete the information below (type or print)**

Name & Credentials \_\_\_\_\_  
 Home Address, City, State, Zip \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Work Address, City, State, Zip \_\_\_\_\_  
 Best Telephone Contact(s) \_\_\_\_\_  
 Email Address \_\_\_\_\_

**Tell us about your education (institution, city & state, and degree received)**

Undergrad Level	Location	Degree Received
Grad Level	Location	Degree Received

**Tell us about your leadership in nursing over the last three years (National, State, and Local Levels).**

Organization	Position

*Use back or another page if needed.*

**YES**, I am a member of KSNA and I give consent to being appointed to a KSNA committee, council, or event planning group.

I have read the responsibilities listed in the KSNA Bylaws and, if appointed, I agree to the term of the appointment, to assume financial responsibility for my participation, and to actively participate in each assigned group.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

**Please send completed information to KSNA at 573-636-9576 (Fax) or Scan/Email to [ksna@ksnurses.com](mailto:ksna@ksnurses.com).**

You will be notified of your appointment(s).

Thank you for your desire to become involved in your professional nurses association.