ANPD WASHINGTON AFFILIATE **Board of Directors** Willingness to Serve Form

I am interested in becoming a more active member in the ANPD Washington (ANPDWA). I give my consent to run for office on this year's ballot for Board of Directors. I understand that if I am elected that I will perform all the duties of this office as outlined in the current Bylaws and Organizational Guide of ANPDWA. I will attend all Board of Directors meetings unless excused by the President. Upon completion of my term, or if otherwise relieved of the office, I will return all ANPDWA records and property to the association.

Circle the Beard Director Desition of Inter .

Please Circle the Board Director Position of Interest:									
Vice President President Elect		Secretary		Program Director		Eastern WA Director		Director Position Descriptions are Available on the ANPDWA Website	
Treasurer		Education Director		Communica Director	tion	Western WA Director			
Personal Name & Credentials									
	Home Address								
	City, State, Zip Code								
	Home Phone Email								
	Number years in NPD Certified in NPD?								
	Member of ANPDWA? Member of ANPD National?								
Employment Employer Name									
Title/Position									
Professional Involvement: Involvement (Offices held, Committees, etc.) with associations/organizations:									
Please indicate your comfort using the following: (1 is <u>least</u> comfortable; 5 is most comfortable)									
Microsoft Word©		Email		Social Med		Media (Facebool	-		
Microsoft Excel©		Communication		Continuing Nurse Educ		ation (Cl	NE) _		
PowerPoint©		Lync/Skype Meeti		ng Website ma		e management	management		
		Quickbo							
Two references knowledgeable about your professional activities:									
1) Name				Position		Email:			
2) Name				Position		Email:			

Biography: Please provide one paragraph – 150 words or less, that may appear on an election ballot:

Your goals for ANPDWA and why/how you would contribute in this role:

I hereby affirm that:

• I am an ANPDWA and ANPD National Member and interested in serving on the Board of Directors;

• If elected to the ANPDWA Board, I am willing to serve at least two years;

• I understand that I must maintain active ANPDWA and ANPD National member status in order to serve.

I give my consent to be nominated for the office of ______.

Signature

Date

Return form to: anpdwa@gmail.com

New 10/2018