

CONSENT TO SERVE
South Dakota Nurses Association
BIOGRAPHICAL DATA

NOMINEE FOR THE OFFICE OF _____

NAME _____

ADDRESS _____ CITY _____ ZIP _____

TEL: HOME: _____ WORK: _____ FAX: _____

E-MAIL: _____

School/College of Nursing:

Additional Professional Education:

Area of Practice:

Present Position and Place of Employment:

Professional Organization Activities at District (Region), Council, State, National Level(s)
for the past five years, including Student Association office:

Current SDNA Member District: _____ (Number or City)

Signature _____ Date _____

*Please attach a signed statement of your personal position regarding current nursing
and SDNA issues. Limit your statement to a maximum of three sentences.*

**Send (1) this form, (2) your statement, and (3) a PHOTOGRAPH of yourself
by July 1, 2011 to SDNA, PO Box 1015, Pierre, SD 57501.**