

Are you currently practicing nursing: Yes No

If Yes, what area? _____

Employer & Address: _____

If No, what is your current employment? _____

Employer & Address: _____

Additional Comments:

Candidate's Pledge

I wish to be nominated to serve as a member of the NFLPN Executive Board or NFLPN Nominating Committee. I will serve to the best of my ability and I will attend all meetings and fulfill my responsibilities. The information submitted above is true to the best of my knowledge.

Signature _____ Date _____

If this form has been submitted by an action of a Constituent State Association of NFLPN, the State President must sign below. Otherwise, do not sign this portion of the form.

State Association _____

President's Signature _____ Date _____

Mail this form in its entirety to the NFLPN Nominating Committee Chairperson no later than June 10th.

This form must be completed in full to be considered.

NFLPN - 605 Poole Drive - Garner, NC 27529 -- 919/779-0046