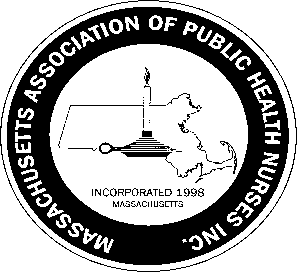
**Massachusetts Association of Public Health Nurses**

**Consent to Serve Form**

***Per By-Laws Article III, sections 1 and 4, All candidates for office must be :***

* ***Current Regular Members OR***
* ***Current Retired Members with a minimum of five (5) years active membership***

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, agree to serve in the position of (check one)

* President Elect (one year, then President one year, then Immediate Past President one year)
* Vice President (2 year term)
* Treasurer (2 year term)

for the prescribed term of office as a member of the MAPHN Board of Directors.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please prepare a brief bio and organizational goal in the space below. This information will be included on the official ballot.

**Return this completed form electronically** to the Nominating Committee before **5PM Friday, April 12th, 2024.** The return address is elections@maphn.org

***The 2024 Nominating Committee thanks you for your participation in MAPHN.***

*Reviewed and Updated 2/9/2024*