

UTAH SCHOOL NURSE ASSOCIATION
OFFICE NOMINATION FORM
OFFICES FOR ELECTION 2009

I, _____ hereby nominate the following USNA member in good standing to hold office in the Association.

Nominee Name _____

Address _____

Telephone _____ E-Mail Address _____

PRESIDENT ELECT

President elect serves a 3-year term: one as president elect, one as president, and one as past-president. The elected person will serve as a member of the Board of Directors and work closely with the President and Board of Directors. Preside at all meetings in the absence of the President. Automatically take office as President at the expiration of the Presidents term. As President, preside at all meetings of USNA and the meetings of the Board of Directors. As Past president, serve as consultant and member of the board of directors.

VICE PRESIDENT

Vice president will serve a 2-year term. Serve as a member of the Board of Directors and chairperson of the program committee. Preside at all meeting in the absence of the president and president-elect.

TREASURER

Treasurer will serve a 2-year term. Collect all dues, pay all bills, and keep a record of all monies received and expended as authorized. Give a written report at each board meeting.

NOMINATIONS COMMITTEE MEMBER

Will serve a 2-year term. Seek out qualified candidates for office and report to the Board of Directors at a meeting preceding the Annual meeting.

NASN DIRECTOR

The NASN Director serves for a period of 4 years. The elected person shall serve as a member of USNA Board of Directors and shall be responsible for communications between USNA and NASN Board of Directors, sit on the NASN Board of Directors as the State of Utah representative, attend NASN annual meeting.

Duties for all officers also include monthly meetings, approximately 11 months per year.

The Office for which I wish to be nominated: _____

I consent to be nominated to run for the above office. My membership dues for the Association are current and I am in good standing with the Association. If elected, I commit to serving my term in office.

Signature of Nominee _____ Date _____

Please submit information by **February 25, 2009** to Deborah Milan-Niler any method listed below:

Email: deborah.milan-niler@slc.k12.ut.us

Fax: (801) 974-8356 (Attn: Deborah Milan-Niler)

Phone: (801) 974-8340