

TEXAS ASSOCIATION OF PERIANESTHESIA NURSES
WILLINGNESS-TO-SERVE FORM

This form must be completed in its entirety. Print legibly or type the data requested as you wish it to appear on the TAPAN web site or in any other publication.

Name (including your credentials): _____
First Name MI Last Name Credentials

Home Address: _____

City, State, Zip Code: _____

Home Phone: (_____) Home Fax: (_____)

Home E-mail address: _____

Employer Name / Address: _____

Position: _____ Work Phone: (_____) Fax: (_____)

Work E-mail address: _____

Number of years as an ASPAN/TAPAN member: _____ Region #: _____

Number of years in nursing: _____ Number of years in perianesthesia nursing: _____

Area of perianesthesia experience: Clinical Education Administration Other

Education: AD Diploma BSN MSN Other: _____

Certification(s): _____

Indicate involvement with professional associations / organizations (including TAPAN/ASPAN)

Association(s): _____

Office(s) held: _____

Committee(s): _____

Other involvement: _____

I would like to submit my name for election to the following State Office:

1st Vice President/President-Elect Secretary Treasurer 2nd Vice-President

I would like to be considered for appointment to Chair the following committee:

Governmental Affairs Research Conference

I would like to serve as: Policy and Procedures Coordinator Newsletter Editor Education Coordinator

I would like to be considered for appointment to the following committee(s)

GAC Research Election Conference Awards

I am am not aware of duties, functions and time commitments required for the office / position / committee.

