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:	
Number of years in nursing:Number Area of perianesthesia experience: □ Clinical □ Educ	ation	
Education: \square AD \square Diploma \square BSN	□ MSN □ Other:	
Certification(s):		
Indicate involvement with professional associations / organiz	ations (including TAPAN/ASPAN)	
Association(s):		
Office(s) held:		
Committee(s):		
Other involvement:		
I would like to submit my name for election to the following		
☐ 1st Vice President/President-Elect ☐ Secretary	☐ Treasurer ☐ 2nd Vice-President	
I would like to be considered for appointment to Chair the fo	llowing committee:	
☐ Govermental 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	g committee(s)	
☐ GAC ☐ Research ☐ Election	□Conference □ Awards	
I □ am □ am not aware of duties, functions and time comm	itments required for the office / position / committee.	

Candidates for State Office only. Please list two persons knowledgeable of your professional activities:	
1. Name:	Position:
Address:	
2. Name:	Position:
Address:	
serve form. This statement should ou information you feel would aid member	e must submit an election statement with the completed willingness-to- itline goals for the office sought, plans to achieve the goals, and any other is in casting their vote for you. Your election statement may be printed on PAN web site, or e-mailed to the membership. Limit your statement to 150

If more space is needed, submit a separate sheet of paper with additional information.

Candidates for State office must return this form to the Immediate Past President / Election Committee Chair by April 15.

If volunteering for a committee, return this form to the Vice-President / President-Elect by August 31.