

CRONA Convention Consent to Serve Form

I consent to serve for 1 day on October 5, 2021 as an alternate Area Representative.

Name: _____

Email: _____

Phone: _____ Hospital: SHC LPCH

Unit: _____

Union & Professional Experience:

Objectives During Convention:

In signing this consent to serve form, I agree to uphold the duties outlined in the CRONA Bylaws. I pledge to be active during the Convention and will assume the voting privileges of an Area Representative. After the Convention I understand I am no longer an Area Representative and will resume my status as a CRONA member. To continue in the position of Area Representative for my unit I understand that I will need to fill out the official Consent to Serve form and that I can only do so if my unit has an open position for an Area Representative.

Signature: _____

Date: _____

To submit this form, please complete the form and send to CRONA via email (preferred option) to crona@crona.org. Form may also be submitted via fax to (650) 366-0182.