

CRONA

Consent To Serve

I consent to serve as _____

Name (please print) _____ Hospital & Unit _____

Qualifications, Union and Professional Experience:

Objectives while in Office:

I have read the CRONA Campaign Standing Rules as outlined in the CRONA Bylaws. In signing this consent to serve form, I agree to uphold the duties of the Office I am seeking as outlined in the CRONA Bylaws.

Signature _____ Date _____

Address _____

Telephone (Home or Cell Phone) _____

Email (Home or Personal) _____

Fax (Home) _____