



Delaware Association of Nurse Anesthetists

2019-20 Intent to Serve and Consent Form

Please complete this brief form and return it to the DANA Management Office by **Friday, June 21, 2019**.

Name:	
Address:	
City, State Zip:	
Phone (Home):	
Phone (Cell):	
Email:	

I would like to be considered for (please check one):

- | | | |
|---|---|---|
| <input type="checkbox"/> President-Elect | <input type="checkbox"/> Secretary | <input type="checkbox"/> Nominating Committee |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Upstate Director | <i>(3 positions)</i> |
| <input type="checkbox"/> Treasurer <i>(2-year term)</i> | <input type="checkbox"/> Downstate Director | |

Curriculum Vitae

AANA Member Since:	
DANA Member Since:	
Nursing School Name and Year of Graduation:	
Anesthesia School Name and Year of Graduation:	
Other School Name and Year of Graduation:	
Current Employment Position (Place and Dates):	
Previous Employment Position (Place and Dates):	
Prior AANA Offices or Committee Positions:	
Prior DANA Offices or Committee Positions:	

I hereby give my consent to have my name placed on the DANA Ballot for the selected office above. I understand that I may not be eligible for certain positions based on DANA bylaws.

Signature: _____ Date: _____

**Please return by Friday, June 21, 2019 to the
DANA Management Office at Office@DelawareANA.org or Fax at 856-727-9504.**

**If you have any questions regarding position responsibilities or eligibility issues, please email
DANA President, Del Price at delsleeper@gmail.com.**