Massachusetts Association of Public Health Nurses

Consent to Serve Form

All candidates for office must be current, paid Regular Members of MAPHN

I, _____, if elected, agree to serve in the position of **(*Check only <u>One</u>*):**

(YOUR NAME)

- **Vice President** (2-year term June 1, 2025-June 1, 2027)
- **Treasurer** (2-year term June 1, 2025-June 1, 2027)

For the prescribed term of office as a member of the MAPHN Northeast Chapter

Name _____Date _____

Credentials _____

Work Address _____

_____

Email _____ Phone _____

Voting will be done through a Doodle Poll; link will be sent out. The voting will be left open for 2 weeks from

Friday, April 11 to Friday, April 25, 2025.

Please prepare a <u>brief</u> bio and organizational goal in the space below. This information will be included on the official ballot.

return this completed form electronically

The 2025 Nominations & Elections Committee thanks you for your participation in the MAPHN Elections!

Rev. 2/22/2022