**Willingness to Serve Form 2019**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: Click here to enter text.

Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: Click here to enter text.

 Work Phone: Click here to enter text. Cell Phone: Click here to enter text.

APIC Member ID: Click here to enter text. Email: Your preferred email

Please give a brief introduction of yourself for our chapter members:

Who are you, personally and professionally?

Please describe your current scope of practice: Brief description of roles/responsibilities and how they support your area, if elected

If selected, I agree to honor all responsibilities and attend scheduled meetings of the position that I am seeking. Please indicate your willingness to be considered for the position below by marking your preference:

 ☐ President Elect ☐Treasurer

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click here to enter a date.

Submit completed form to Nominations@gmail.com by September 30, 2019.