

## OFFICIAL CONSENT FORM

I hereby give my consent to have my name placed on the AANA ballot for the position of Delegate to the AANA Education Committee.

AANA Member #:

Please complete the following information as you would like it to appear in the committee roster, if you are elected.

Name:

Credentials:

Mailing Address:

Home Phone:

Work Phone:

Fax Number:

E-mail: