

# NOMINATION FORMS

*All forms are due to the TNA, DISTRICT 3 office by 5:00 p.m., February 20, 2011*

## **ELIGIBILITY:**

- *Texas Nurses Association, District 3 /Texas Nurses Association/American Nurses Association* Members are eligible to run for all elected offices.
- *TNA Direct Members/TNA Direct District 3 Members* **are eligible** to run for Board Positions and the Nominating Committee; they **are not eligible** to run for the following offices: President, Vice President, Secretary or Treasurer.

## **NOMINATION FORM SUBMISSION**

### **FORM A: Consent to be nominated and to serve**

Anyone wishing to be considered as a potential candidate on the 2011 TNA, DISTRICT 3 Ballot must complete, sign and return this form. The form must be accompanied by the Biographical Data Form. No one will be placed on the ballot who has not submitted their consent for nomination.

### **FORM B: Biographical Data**

The Biographical Data form is used by the TNA, DISTRICT 3 Nominating Committee in determining the best possible slate of candidates for the 2011 election. Potential candidates are encouraged to complete the entire form, and include all pertinent information they feel will assist the committee in its task. Curriculum vitae may be attached to the biographical form **but it may not be submitted in lieu of a completed Biographical Data Form.** Completed nomination forms can be emailed to the Nominating Committee at [tna3@usapathway.com](mailto:tna3@usapathway.com), faxed to 817-249-5071, or mailed to PO Box 16958; Fort Worth, TX 76028.

**PHOTO:** Nominees are asked to submit a 3X5 or 5X7 photograph to be used in preparing balloting materials. This photo can either be mailed with Nomination Forms A & B or emailed to [tna3@usapathway.com](mailto:tna3@usapathway.com). The ballot will be produced and mailed/emailed to all eligible voting members.

## **THE PROCESS**

The Consent for Nominations and the Biographical Data forms will be used by the Nominating Committee members to determine the best qualified candidates for the 2011 ballot. After candidate selection is made the potential candidates will receive notification.

Return this completed form along with Biographical Data (Form B) to: TNA, DISTRICT 3 NOMINATING COMMITTEE, PO Box 16958; Fort Worth, TX 76162. This form may be filled in by (a) District/Organizational Unit and forwarded to nominee member for consent signature; or (b) by the individual seeking nomination.



**CONSENT TO NOMINATION & SERVICE**

**NO NOMINEE IS INCLUDED ON A SLATE WITHOUT HAVING SUBMITTED THIS FORM**

*Consent of TNA, DISTRICT 3 member to be nominated and to serve in office if elected*

**NOMINEE MEMBER:**

**NOMINATED BY:**

\_\_\_\_\_  
*NAME*

\_\_\_\_\_  
*DISTRICT NURSES ASSOCIATION/ORGANIZATIONAL UNIT/SELF/OTHER*

\_\_\_\_\_  
*ADDRESS*

\_\_\_\_\_  
*CITY/ST/ZIP*

This nominee is recommended to the TNA, DISTRICT 3 Nominating Committee as a person qualified and willing to be nominated for placement on the 2011 TNA, DISTRICT 3 Ballot. The term of office is as listed below and begins on July 1, 2011. Sign this form if you are willing to serve in this office if nominated. No officer or director of the TNA, DISTRICT 3 board shall serve concurrently as an officer or director of a board of another national or state association or body if such participation might result in conflict of interest to TNA, DISTRICT 3 or the individual as determined by the board.

**Consent:** I consent to having my name considered for placement on the 2011 TNA, District 3 Election Ballot and to serve the District for the office term listed if elected for the elected position(s) of:

- Vice President (2011-2013)
- Treasurer (2011-2013)
- Board of Directors (2011-2013)
- House of Delegates (2012-2014)

TNA Membership ID#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Membership Type:  Tri-level Membership (ANA/TNA/DISTRICT)  TNA DIRECT / TNA, DISTRICT 3 DIRECT

\_\_\_\_\_  
Signature of Nominee

\_\_\_\_\_  
Date Signed

Return this completed form along with signed Consent (Form A) to: TNA, DISTRICT 3 NOMINATING COMMITTEE, PO Box 16958; Fort Worth, TX 76162. This Biographical Form to be completed by member nominee.



**NOMINATING FORM B**

MEMBER ID# \_\_\_\_\_

EXP DATE: \_\_\_\_\_

**TEXAS NURSES ASSOCIATION, DISTRICT 3  
Biographical Data for District 3 Elections**

**INSTRUCTIONS:** Complete form in full. **PLEASE TYPE.** Please state information clearly and succinctly. Attachments will not be accepted in lieu of this completed form. **DO NOT USE ABBREVIATIONS.** All personal information will be confidential within TNA, DISTRICT 3.

Form of Address:  Ms.  Miss  Mrs.  Mr.  Dr.  Other

\_\_\_\_\_  
*Name (as you wish it to appear on official documents)*

\_\_\_\_\_  
*Home Address*

\_\_\_\_\_  
*Business Address*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*City/State/Zip*

\_\_\_\_\_  
*Phone # (include area code and any extensions)*

\_\_\_\_\_  
*Phone # (include area code and any extensions)*

\_\_\_\_\_  
*Alternate Phone (include area code)*

\_\_\_\_\_  
*Work Fax (include area code)*

\_\_\_\_\_  
*Preferred E-Mail*

\_\_\_\_\_  
*Work E-Mail*

Preferred Mailing Address:  Home  Business

**DEMOGRAPHICS:**

**Race/Ethnic Group:**

- American Indian/Alaska Native
- Asian/Pacific Islander
- Black/African American
- Hispanic
- White
- Other

*Information on ethnicity is used only for affirmative action purposes.*

**Education:** (begin with highest degree earned)

<u>Degree/Diploma</u>	<u>Area of Study</u>	<u>Year Obtained</u>	<u>Educational Institution</u>

<u>Current Certification</u>	<u>Expires</u>

**Employment:**

Present Employer: \_\_\_\_\_

Position/Title: \_\_\_\_\_

Length of Employment (From/To): \_\_\_\_\_ to \_\_\_\_\_

Description of Present Employment Position (includes major clinical, teaching, or practice area, field/place of employment and responsibilities): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Significant Employment Positions Held:

<u>Employer</u>	<u>Position</u>	<u>From/To</u>

**Association Activities:**

*Instructions:* List offices/appointments/activities for the past ten years under each level. Give titles and terms of service. (Use back of sheet if additional space is needed)

<u>TNA, District 3</u>	<u>Office/Appointment/Activity</u>	<u>Term (From/To)</u>


<u>State TNA</u>	<u>Office/Appointment/Activity</u>	<u>Term (From/To)</u>


<u>ANA</u>	<u>Office/Appointment/Activity</u>	<u>Term (From/To)</u>


**Other Related Activities** (other association/society memberships, offices, projects and community, state or national activities you feel are relevant to your biographical demographics for election).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List reasons you should be elected (include any work related or other elected office experience you feel will assist you in fulfilling your official duties):

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List any other information you would like to provide:

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I understand and agree that the information provided is the information that will be used by the Nominating Committee in determining a slate of candidates for the 2011 TNA, DISTRICT 3 Ballot; and that if selected as a candidate, this information **will be** used to prepare the official Candidate Biography that will be provided to the TNA, DISTRICT 3 members with the official ballot.

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*Signature of Nominee*

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*Date Signed*

**Date Due in TNA, DISTRICT 3 Office: 5 p.m. – February 20, 2011**

**MAIL TO:** TNA, District 3  
PO Box 16958  
Fort Worth, TX 76162

**FAX TO:** TNA, DISTRICT 3 Nominating Committee  
817-249-5071