



Completed forms must be received at the NNU _____ office by 4:30 PM Eastern Standard Time on _____. Please fax to Attn _____
Fax # _____ Office # _____

NNU Position:

Name: _____

Address (Home): _____

Phone: Home #: _____ Cell: _____ Home E-mail: _____

VA Employed by: _____ City: _____

Department: _____ Shift: _____

RN Experience: How long have you been a RN? _____ years List present employment first:

Employer _____ City: _____ Department: _____

Title: _____ From (year): _____ to (year) _____

Employer _____ City: _____ Department: _____

Title: _____ From (year): _____ to (year) _____

Employer _____ City: _____ Department: _____

Title: _____ From (year): _____ to (year) _____

NNU Experience: Start with present or most recent experience. List activities and positions held.

Collective Bargaining: _____

Organizing: _____

State: _____

National: _____

Other: _____



Signature/Verification:

By signing below, I certify that I am a NNU member in good standing and I am willing to accept the responsibilities of this position:

Date: _____

Signature: _____

Member's Statement of Interest: (50 words maximum) indicating how your involvement in this position would help increase the power of RNs & NNU to advocate for RNs, patients and just health care system:
