

**Minnesota Student Nurses' Association  
Candidate Application**

**THIS FORM ONLY NEEDS TO BE COMPLETED BY THOSE WHO WISH TO RUN FOR THE 2010-2011 MSNA EXECUTIVE BOARD.**

**Please mail candidate application form to *Kelsey Scanlon, 26 1/2 Mayo Park Dr. SE, Rochester, MN 55904.* Form must be RECEIVED no later than Feb 8, 2010**

Participants Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Nursing School: \_\_\_\_\_

Type of Nursing Program:                   ADN \_\_\_\_\_ BSN \_\_\_\_\_ Other \_\_\_\_\_

Year in Nursing Program: \_\_\_\_\_

NSNA Membership Number: \_\_\_\_\_

**\*MSNA Board Members are required to be NSNA members.**

\*\*In order to become a member of NSNA, please go to the website [www.nсна.org](http://www.nсна.org) and click on **Member Services**.

\*\*\*You will be asked to present proof of membership in order to run for an MSNA board position. This can be provided in the form of an NSNA membership card or by printing the confirmation page when you join NSNA.

Please indicate which position you are running for:

\*Description of Positions available on the MSNA website [www.minnesotasna.org](http://www.minnesotasna.org)

President \_\_\_\_\_ Secretary/Treasurer \_\_\_\_\_

Convention Chair \_\_\_\_\_ Director of Communication \_\_\_\_\_

Regional Director:

North \_\_\_\_\_ South \_\_\_\_\_

**PLEASE E-MAIL A SHORT BIO ABOUT YOURSELF INCLUDING YOUR QUALIFICATIONS TO SERVE ON THE MSNA EXECUTIVE BOARD THAT WILL BE AVAILABLE TO MEMBERS BEFORE VOTING TO [scanlon.msna@gmail.com](mailto:scanlon.msna@gmail.com). LIMIT OF 200 WORDS.**