

NEVADA NURSES ASSOCIATION MEMBER VOLUNTEER FORM

P.O. BOX 34660, RENO, NEVADA 89533 · 775 747-2333 · FAX 775 201-9002

Please return to Mcurley@nvnurses.org



GET INVOLVED...

NNA needs your help & expertise. If you would like to volunteer to serve on one of the State or District Committees, please complete the following information and return this form to NNA's Executive Director, Margaret Curley, RN. Once this form has been received, it will be sent on to the appropriate committee chair, who will then contact you regarding your interest, ongoing activities and/or upcoming events. Thank you for serving!

GENERAL INFORMATION (Please print)

Name: _____

Credentials: _____

Current Position: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Fax*: _____

Cell Phone: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax*: _____

Preferred Mailing Address: Home ___ Work ___

Email*: _____

*Fax and/or email will be used for member communications.

DISTRICTS

I am currently a member of District I (North) _____ District III (South) _____

COMMITTEES

I am interested in serving on the following Committee(s): (*Please circle*)

LEGISLATIVE	BULLYING & INCIVILITY	MEMBERSHIP
ANTIBIOTIC STEWARDSHIP	RURAL & FRONTIER NURSES	ENVIRONMENTAL HEALTH
SAFE STAFFING	SOCIAL MEDIA	HEALTHY NEVADA NURSES
NEW NURSE INITIATIVE		