

# Are you interested. . .

in shaping the future of the Tennessee Nurses Association?



We need you...your enthusiasm, your expertise and your commitment!

Take this opportunity to get involved—let us know of your interests and we will find a place for you.

Please indicate your area(s) of interest on this form and return to TNA at the address below.

**Your participation does make a difference!** For more information, contact TNA at 615-254-0350 or tna@tnaonline.org.

## Tennessee Nurses Association Areas of Interest

<input type="checkbox"/> Conference Planning Committee <input type="checkbox"/> Continuing Education Review Committee <small>(To maintain ANCC accreditation: BSN required; graduate degree preferred.)</small> <input type="checkbox"/> Education Committee <input type="checkbox"/> Government Affairs & Health Policy Committee <input type="checkbox"/> Nursing Practice	<input type="checkbox"/> Operations <input type="checkbox"/> Bylaws <input type="checkbox"/> Membership <input type="checkbox"/> Editorial Board, <i>Tennessee Nurse</i> <input type="checkbox"/> Reference Committee	<b>Other</b> <input type="checkbox"/> Tennessee Nurses Political Action Committee (TNPAC) <input type="checkbox"/> Tennessee Nurses Foundation Board of Trust (TNF)
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• **Speakers Bureau** - willing to speak to groups about the following topic(s): \_\_\_\_\_

• **Media Contact** - willing to speak to members of the media as a representative of TNA about the following topic(s): \_\_\_\_\_

Name \_\_\_\_\_ Credentials \_\_\_\_\_

TNA District \_\_\_\_\_ Email \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Why I am interested:

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TNA/ANA Membership ID# \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: TNA • 545 Mainstream Drive, Suite 405 • Nashville, TN 37228-1296 • Phone: (615) 254-0350 • Fax: (615) 254-0303**