

**American Society of Ophthalmic Registered Nurses**  
**NOMINATING COMMITTEE CONSENT FORM - WILLINGNESS TO SERVE**  
**[Optional Form]**

I give my permission for my name to be submitted for the office of:

\_\_\_\_\_

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

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Work Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Present Position: \_\_\_\_\_

Length of Membership in national ASORN: \_\_\_\_\_

Offices Held in This or Other Organizations:

Name of Organization: \_\_\_\_\_

Office Held: \_\_\_\_\_

Committees Served on or Chaired in This or Other Organizations:

Name of Organization: \_\_\_\_\_

Committee \_\_\_\_\_

Chairperson or Member? \_\_\_\_\_

How do you wish your name to appear on the ballot? (Please print)

\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_