

PENNSYLVANIA ASSOCIATION OF PERIANESTHESIA NURSES



Willing to Serve Form

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (home) _____ (work) _____

E-mail address: _____

COMMITTEES (Please check those in which you are interested)

- | | | |
|--------------------------|--------------------------|------------------|
| _____ Education | _____ Finance | _____ Bylaws |
| _____ Nominations | _____ Membership | _____ Newsletter |
| _____ Government Affairs | _____ Policy & Procedure | |