

Nomination Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_



## Consent to Serve Form

American Assembly for Men in Nursing

Please print: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ E-mail address: \_\_\_\_\_

I hereby affirm by willingness to serve, if nominated and elected, in the following capacity (check all that apply):

- President-Elect
- Board Member
- Nomination Committee Member

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

Mail to: AAMN – Nominations Committee  
Jim Raper, DSN, CRNP, JD, FANP  
1108 Fern Street  
Birmingham, AL 35209-7010

Or

E-mail signed PDF to: [jimraper@uab.edu](mailto:jimraper@uab.edu)