

CONSENT TO SERVE

WSNA/ University of Washington

Local Unit Officer Election 2026-2028

I agree to serve as _____ Local Unit Officer Position

Unit _____ Shift _____ FTE _____

Name: _____

Mobile/Home Phone: _____

Personal Email: _____

I understand my responsibilities and commitments that I will attend Executive Committee Meetings, the joint labor-management Conference Committee, and any other meetings, and fulfill my role in the office for which I am nominating myself.

Signature: _____ Date: _____

Return this form by January 7, 2026,

to:

Fax: 206-575-1908

U.S. Mail in by or before Jan. 7, 2026 or scan and email to

Stephenie Troftgruben

WSNA Nurse Representative

575 West Andover Parkway Suite 101

Seattle, WA 98188

Questions? Please contact WSNA Nurse Rep Stephenie Troftgruben at stroftgruben@wsna.org.