

**CONSENT TO SERVE
WSNA/St. Joseph Medical Center
Local Unit Officer Election
2019-2022**

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 August 30, 2019, to:

Any current local unit officer

Fax: 206-575-1908

U.S. Mail in postage paid envelope by or before August 30, 2019

Questions? Please contact WSNA Nurse Rep Hanna Welander at hwelander@wsna.org or 206-575-7979, Ext. 3035