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:			
	ent Conference Co		end Executive Committee Meetings, the meetings, and fulfill my role in the office
Signature:		Date:	
Return this form by De	ec. 31, 2025, to:		
Fax: 206-575-1908			
U.S. Mail in by or befo	re Dec. 31, 2025,	or scan and email to	
Ed Zercher, BSN, RN			
WSNA Nurse Represer	ntative		
575 West Andover Par	kway Suite 101		
Seattle, WA 98188			
Questions? Please cor	ntact WSNA Nurs	e Rep Ed Zercher at	
ezercher@wsna.org			

or Ph 206-575-7979, Ext. 3022