

PANAC Willingness to Participate

PANAC invites members to serve on committees for a year or to assist with short-term tasks/projects that enhance our professional organization. This is your opportunity to share your passion for our practice.

You can make a difference—consider becoming involved!

Please print legibly or type the information and mail or email completed form to the address below.

Date _____

Name _____ Employer _____

Primary area of work: Hospital Outpatient Area Other _____

Pre-op PACU Phase I Phase II Other _____

License/ Certification (circle all that apply): RN LVN CPAN CAPA Other _____

ASPAN membership # _____

Home Address _____

Phone (H or Cell) _(_____) _____ Phone (W) _(_____) _____

Preferred email address _____

I am interested in helping with the short term projects: (Please number preferences in order)

- | | |
|---|---|
| <input type="checkbox"/> Assist at a state /local seminar | <input type="checkbox"/> Obtain donations for silent auction |
| <input type="checkbox"/> Assist my District Director | <input type="checkbox"/> newsletter writing articles, proofing, or pictures |
| <input type="checkbox"/> Contact potential exhibitor(s) | <input type="checkbox"/> Other: _____ |

I am interested in serving on the following committee(s): Job descriptions available upon request. If more than one, please number in order of preference.

- | | | |
|---|-------------------------------------|---|
| <input type="checkbox"/> Education | <input type="checkbox"/> Membership | <input type="checkbox"/> Governmental affairs |
| <input type="checkbox"/> Publications/Pulseline | <input type="checkbox"/> Marketing | <input type="checkbox"/> Promotions |
| <input type="checkbox"/> Research | <input type="checkbox"/> Website | <input type="checkbox"/> Historian |

I am interested in serving as the:

Committee Chair of _____ Committee _____

I am interested in: Joining a local Chapter in or near _____ (city)

Starting a Local Chapter in _____ (city)

I am interested in serving on the PANAC Board of Directors as _____

Signature: _____

**Mail or Email the completed form to: Lori Silva, RN, CCRN, CPAN
1901 Rossmoor Way
Modesto, CA 95355
mailto: Loris@panac.org**

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