Candidate Information Form

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_ President-Elect | \_\_ Treasurer | \_\_ Director | \_\_ Nominating Committee |

Name:

Current Position:

Institution/Address:

Email address:

Telephone:

Previous experience in IFNA:

Please explain your prior experience in Family Nursing that is relevant to the position you seek in IFNA. Limit your response to 250 words.

Please explain your interest in serving in this position and list three priorities for IFNA that you would address if elected. Limit your response to 250 words.