



# Carolinas Association Of Neonatal Nurse Practitioners

## 2018 CANNP Nominations Form

<u>Office Nominated For (Check One)</u>	<b>President</b>	<input type="checkbox"/>
	<b>Vice President</b>	<input type="checkbox"/>
	<b>Secretary</b>	<input type="checkbox"/>
	<b>Treasurer</b>	<input type="checkbox"/>
	<b>Association Member At Large</b>	<input type="checkbox"/>

**Nominee Name:** \_\_\_\_\_  
**Credentials:** \_\_\_\_\_  
**Home address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Work Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Home Telephone:** \_\_\_\_\_

**Nominated By:** \_\_\_\_\_

.....  
**CANNP Committee Membership**

**I am Interested in serving on the Following Committee:**

<b>Legislative</b>	<input type="checkbox"/>
<b>Communications</b>	<input type="checkbox"/>
<b>Program</b>	<input type="checkbox"/>

**I Would be Interested in Serving as Co-Chairperson for The Committee Below:**

<b>Legislative</b>	<input type="checkbox"/>
<b>Communications</b>	<input type="checkbox"/>
<b>Program</b>	<input type="checkbox"/>

**Name:** \_\_\_\_\_