

AzNA NP Council Active Involvement Form

One frequent question is, “*what can I do?*” Many of us don’t have much time to donate, however, it is only through our effort that things can be accomplished. Even a small amount of help (i.e. calling a colleague, writing a letter) is greatly needed. Below is an information form to help us identify potential resources in Arizona that could be utilized in various activities. Regardless of your membership status with the Arizona Nurses Association, we wish to hear from you! Please complete the information below to better help us identify valuable resources that you can offer:

Name: _____

Address: _____

City/State/Zip: _____

Wk Phone: _____ Hm Phone: _____

Cell Phone: _____

Specialty: _____ Certification (ANCC, etc.): _____

Email Address: _____

How many hours are you able to contribute per month? _____

You can be contact best by (*phone, mail, email, etc.*): _____

Additional resources or skills you have that may benefit Nurse Practitioner: _____

Please check all the things below that you would be interested in assisting with:

- | | |
|---|---|
| <input type="checkbox"/> Speakers Bureau | <input type="checkbox"/> Website maintenance |
| <input type="checkbox"/> Testifying | <input type="checkbox"/> Scholarships |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Business/Financial |
| <input type="checkbox"/> Media Communication | <input type="checkbox"/> Conference Planning |
| <input type="checkbox"/> Marketing/Advertising | <input type="checkbox"/> Continuing Education Planning |
| <input type="checkbox"/> Meeting with Legislators | <input type="checkbox"/> Database maintenance/entry |
| <input type="checkbox"/> Lobbying | <input type="checkbox"/> Executive Board Position |
| <input type="checkbox"/> Publishing/organizing newsletters | <input type="checkbox"/> Calling NPs about various issues |
| <input type="checkbox"/> Writing Clinical or political Articles | <input type="checkbox"/> Assisting with health fairs |

Are you a member of Arizona Nurses Association? _____ Do you want to be? _____

Please return this form to Erich Widemark, NP – ewidemark@earthlink.net
PO Box 5524, Peoria, Arizona – 85385 FAX: 623-876-3862