

MEMBER INVOLVEMENT SURVEY

Date: _____

Name:			Credentials		
Home Address:				City/ST	Zip
Home Phone:			Email:		
Cell Phone:					
Employer:					
Address:					
Position:			Phone:		
				Fax	

Education and Expertise that might assist you in your position: _____

In what activities would you like to become involved?

<input type="checkbox"/>	Nursing Practice Focus Group	Researches and advises the Director on Professional Nursing Practice issues
<input type="checkbox"/>	Legislative Committee	Participates in developing ANAC positions on legislative bills and regulatory proposals.
<input type="checkbox"/>	Legislative Interest Email Group	For members who want to keep up to date and informed on legislation that ANAC is or has taken a position on.
<input type="checkbox"/>	Nursing Education Focus Group	Advises the Director regarding scholastic programs and/or changes which affect Nursing Education
<input type="checkbox"/>	Nursing Education Interest Email Group	For members who want to keep up to date and informed on education issues that affect Nursing and Nursing Education
<input type="checkbox"/>	General Assembly Planning	Assists the Vice President in planning and organizing the biennial General Assembly for ANAC.
<input type="checkbox"/>	Communications /Membership	Assists the Director with activities related to visibility for ANAC. Assists the Director in developing strategies for ANAC Membership recruitment and retention.

All requests are reviewed and appointments are made by the ANAC Board of Directors.

I consent to serve if elected or appointed. (Print Name) _____

Signature _____ Date _____

Political Activities

Have you previously belonged to another State nursing organization? Yes No State _____

Are you willing or would you like to attend political events in your area or Sacramento? Yes No
 If yes, what is your political affiliation? Republican Democrat Independent Other

Would you be willing to testify or speak on your area of expertise at a hearing of a legislative committee or group in order to support or oppose legislation? Yes No

Would you be willing to be a local contact for your state legislator(s)? Yes No

Would you be willing to write letters of support or opposition or amendment to California representatives upon request?
 Yes No

Do you currently belong to other nursing or healthcare organizations? Yes No
 If Yes, name organization(s):

Comments, Questions, Other...

Revised - Sept 2010