

# **Want to Make a Difference in Nursing?**

## **Join LASN Today**

### **LASN BOARD MEMBERSHIP**

All applicants are welcome!

#### **Qualifications**

- Valid NSNA membership number
- Minimum grade point average of 2.5 on a 4.0 scale
- Membership Statement
- Complete Application
  - Email completed applications to the following:
    - [LASNpresident@gmail.com](mailto:LASNpresident@gmail.com)
    - [LASNvicepresident@gmail.com](mailto:LASNvicepresident@gmail.com)
    - [LASNsecretary@gmail.com](mailto:LASNsecretary@gmail.com)

#### **Why Join LASN?**

- Become a leader
- Make peer connections
- Have your voice heard
- Be involved in Nursing's future

### **APPLICATION FOR STATE OFFICE**

Nominee for the position of: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
School of Nursing you attend: \_\_\_\_\_  
School Address: \_\_\_\_\_

Classification: Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐  
Type of Program: Diploma ☐ Associate ☐ Baccalaureate ☐  
Year you plan to graduate: \_\_\_\_\_ Spring/Summer/Fall **(Please Circle One)**  
G.P.A. (Previous Semester): \_\_\_\_\_ (Cumulative): \_\_\_\_\_  
Have you ever served as a local SNA/ASN officer? Yes ☐ No ☐

If yes, what school? \_\_\_\_\_  
What position? \_\_\_\_\_  
When was the position held? \_\_\_\_\_

Have you ever served on the LASN Executive Board? Yes ☐ No ☐  
If yes, what position? \_\_\_\_\_

**Membership Statement:** Why are you interested in serving in this position?

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**Consent Statement:** If elected, I agree to serve LASN to the best of my ability. I am aware of the time and effort demanded for the position I seek to hold. I understand and agree to the responsibilities required of me as stated in the LASN Bylaws, Article IV, Section IV. I attest that I have read the LASN By-Laws and Policies and have spoken with the LASN Executive Board member who currently holds the position I seek to fill.

Printed Name of Nominee: \_\_\_\_\_  
Signature of Nominee: \_\_\_\_\_ Date: \_\_\_\_\_  
NSNA Membership Number: \_\_\_\_\_