

NOMINATION AND WILLINGNESS TO SERVE FORM

Have you thought about joining NCAHCSP in some capacity other than an attendee at the meetings? We are always looking for people to run for the **Board of Directors**. This is the first step in your journey to becoming **President** of the chapter. If you would like your name put on the upcoming ballet for **Board of Directors**, then just send your name, address and a phone number where you can be reached to:

Lana Haecherl		
Carolinas Medical Center		
Sterile Processing and Distributio	on Manager	
Carolinas Medical Center PO Box 32861		
Charlotte NC 28232		
Office: 704-355-9814; Fax: 704-3	355-4088	
Childe: 704 000 0014, 1 ax: 704 0	555 4000	
Nominee		
Nominee Street Address		
Nominee City, State Zip Code		
Nominee Phone	Nominee E-mail	
Nomination for Position:	President-elect	Board of Directors \Box
Nominee's Supervisor / Manag	er Signature	
Nominee's Supervisor / Manag	jer Phone	

Supervisory approval of this nomination recognizes the nominee's commitment to attend five Board of Directors/Educational meetings for the governance of the Association.

If you don't think you're ready for that, how about serving on one of the many committees we have available. As you know, "many hands make light work". The following list contains committees that would love to have your help. Please volunteer by checking off the one or ones you think you would like and mail back to me. Thanks in advance for your help and continued support.

EDUCATIONAL	PROGRAM	PLANNING	\Box	I
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