MINNESOTA ASSOCIATION OF OCCUPAITONAL HEALTH NURSES
P.O. BOX 2063
ST, PAUL, MINNESOTA 55102-0063

MAOHN
Minnesota Association of Occupational Health Nurses

ACCEPTANCE FORM AND INFORMATION FOR 2010 MAOHN ELECTION BALLOT

NAME: _____

NUMBER OF YEARS IN OCCUPATIONAL HEALTH: _____

PRESENT POSITION: _____

COMPANY NAME/ CITY: _____

PREFERRED MAILING ADDRESS: _____
_____

PHONE: WORK: _____ HOME: _____

EDUCATIONAL BACKGROUND: _____
_____
_____

OFFICE/ POSITIONS HELD IN (1) MAOHN, (2) AAOHN, (3) OTHER

1. _____
2. _____
3. _____

I RESPECTFULLY SUBMIT MY NAME TO BE PLACED ON THE 2009 BALLOT FOR THE OFFICE OF _____ AND, IF ELECTED, I WILL SERVE FOR THE SPECIFIED TERM.

PLEASE INITIAL ONE OF THE FOLLOWING STATEMENTS:

I HAVE DISCUSSED THE TIME REQUIREMENT WITH MY EMPLOYER AND COMMIT TO THE TIME REQUIRED FOR THE OFFICE. _____

I WILL USE PERSONAL LEAVE OR VACATION TIME AND COMMIT TO THE TIME REQUIRED FOR THE OFFICE. _____

SIGNATURE: _____ DATE: _____

THANK YOU!

SUBMIT COMPLETED FORM TO:
Julie Peterson, RN
Xcel Energy Prairie Island
1660 Wakonade Dr.
Welch, MN 55089
Phone: 651-388-1165 x 4080
Fax: 612-337-2155
Email: julianne.peterson@xenuclear.com