



Willingness to Serve Attestation
For 2019-2020 Elections

If elected, I promise to serve CNSA to the best of my ability for a fourteen (14) month term. I have read the organizational bylaws and am aware of the time requirements and responsibilities that are required for the position for which I am nominated and/or running..

I have spoken to the current CNSA Officer/Director regarding the responsibilities of the position for which I am running.

Name of CNSA Director (Please print): _____

Mode and Date of Conversation (Please check one):

- Email/Date: _____
- Telephone/Date: _____
- Face to Face/Date: _____

I have spoken to my chapter faculty advisor regarding my ability to serve in this capacity and the potential for school absences related to serving on the CNSA Board of Directors.

Name of Faculty Advisor (Please Print): _____

Faculty Advisor Email address: _____

Mode and Date of Conversation (Please check one):

- Email/Date: _____
- Telephone/Date: _____
- Face to Face/Date: _____

Candidate Name (Please print): _____

Candidate Signature and Date: _____