

CONSENT TO SERVE

WSNA at UW Medical Center - Northwest

Local Unit Officer Election 2022-2025

I agree to serve	as	Local Unit Officer Position	
Unit	Shift	FTE	
Name:			
Mobile/Home Pl	none:		
Personal Email:			
joint labor-mana			nd Executive Committee Meetings, the neetings, and fulfill my role in the office
Signature:		Date:	
Return this form	by June 10, 2022, to:		
Fax: 206-575-19	08		
U.S. Mail in by o	r before June 10, 2022 o	r scan and email to	
Sara Frey, JD, BS	N, RN		
WSNA Nurse Re	presentative		
575 West Andov	er Parkway Suite 101		
Seattle, WA 981	88		
Questions? Plea	se contact WSNA Nurse	Rep Sara Frey at	
sfrey@wsna.org			
or Ph 206-575-	7979, Ext. 3039		