



**National
Nurses
United**

**Consent to serve form for NNU Facility Bargaining Council
Washington Hospital Center, Washington DC**

I _____ consent to stand for election and consent to serve on the Facility Bargaining Council for my unit and shift.

Name _____ Unit: _____ Shift: _____

Home Phone () _____ Work Phone () _____

E-Mail Address: _____

The following 5 of my co-workers believe that I will provide effective representation on the FBC:

	Print Name	Signature
1.		
2.		
3.		
4.		
5.		

To submit nomination forms, fax to 240-235-2019 or mail to address below:

Mailing Address: National Nurses United
8630 Fenton St. Suite 1100
Silver Spring, MD 20910
Tel (240) 235-2000
Fax (240) 235-2019

For more information, please contact NNU Offices at 240-235-2000.