



**American Society of
Ophthalmic Registered Nurses**
Specialists in Eye care

Willingness to Serve Form

I am willing to have my name placed in nomination for:

- Secretary/Treasurer Board Member Annual Meeting Director

Name: _____

Signature: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Submit this form with your curriculum vitae and a recent photograph to:

ASORN
P.O. Box 193030
San Francisco, CA 94119
Ph: (415) 561-8513
Fax: (415) 561-8531