



Association of Nurses in Substance Abuse

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Nomination Form for Observers

Name: _____

Contact Details: Home

Contact Details: Work

Address:

Address:

Telephone: _____
Mobile: _____
Fax: _____
Email: _____

Telephone: _____
Mobile: _____
Fax: _____
Email: _____

How long have you been a member of ANSA? _____

Have you held a position within the organisation? _____

If you have held an executive position, please give details

If you have worked on one of ANSA's projects please give details

If you have helped at local meetings, please give details

Please outline reasons for applying to join the Executive Committee as an Observer

In what way would you like to support/work with the Executive Committee this year?

The information provided on this form will be used in accordance with the legal requirements of the current Data Protection Act. Please tick box to confirm that your email address can be used to circulate information to you from ANSA

Signed: _____

Date: _____