

# NATIONAL ASSOCIATION OF PARLIAMENTARIANS

## CONSENT TO SERVE FORM

This is to certify that I hereby consent to have my name placed in nomination for the office of \_\_\_\_\_, for the \_\_\_\_\_ term.

If elected to NAP office, it is my intent to serve in the office to the best of my ability.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone/fax \_\_\_\_\_

**NOTE:** This form may be sent with the Qualifications/Endorsement form or may be sent after receiving word from the Nominating Committee that you are being considered for nomination for a position.

***Mail to:* Patricia Jones  
NAP Nominating Committee  
561-B Corkhill Road, #232  
Bedford, OH 44146-3471**