

Michigan Public Health Association

CONSENT TO SERVE

I, _____ (print name), hereby certify that I have met the requirements as defined in the MPHA bylaws for the office I am seeking and I hereby consent to have my name placed in nomination for the office of _____ (position) for the 2026-2028 term.

Name: _____

Address: _____

Phone numbers (Office): _____ (Home/personal/cell): _____

E-mail address: _____

Current employer and position title:

My experience related to the position:

I am interested in running for this position because:

If elected to the position, it is my intent to serve in the office to which I am elected to the best of my ability.

E-signature

Please return the completed form to Sarah Nechuta (nechutas@gvsu.edu) by March 6, 2026.