

Carolinas Council Willingness to Serve

***If Interested Please Complete Form**

Email to Kim Adler-- Kim.Adler2@va.gov by April 30

CAROLINAS COUNCIL OF PERIOPERATIVE REGISTERED NURSES

WILLINGNESS TO SERVE FORM 2025 - 2026

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (HOME) _____ (MOBILE) _____

E-MAIL ADDRESS: _____

PLACE OF EMPLOYMENT: _____

CHAPTER NAME: _____

NUMBER OF YEARS AS AORN MEMBER: _____

CERTIFICATION/DEGREES: _____

AORN INVOLVEMENT: _____

OFFICE IN WHICH YOU ARE WILLING TO SERVE:

CHAIR-ELECT _____ (Serve as Chair-elect 5/2025-5/2026 then Chair 5/2026-5/2027)

Currently: Lisa Finch Chapter 3413

SECRETARY _____ (Secretary is elected in the odd years to serve two years 5/2025-5/2027)

Currently: Kim Adler Chapter 3402 Term 5/2023-5/2025

TREASURER (Treasurer is elected in the even years to serve two years 5/2024/2026)

Currently: Lady Sue Bell Chapter 3401

BOARD MEMBERS _____ (One elected in the odd years, 2 elected in the even years)

Currently: Missy Holland Chapter 3403 Term – 5/5023 – 5/2025 (serve two years 5/2025-5/2027)

Mary Pennington Chapter 3413 Term – 5/5024 – 5/2026

Tina McEachin Chapter 3404 Term – 5/5024 – 5/2026

SIGNATURE: _____ DATE: _____