

BIOGRAPHY & CONSENT

FOR ELECTED OR APPOINTED OFFICE

Name: James Chambers		
Member: LBU	Personal Email: jimcham@yahoo.com	
Cell Phone: (734) 834-1854	Home Phone: (734) 834-1854	Work Phone:

Education (post high school; basic preparation through highest degree held)

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded		
BSN MBA	University of Michigan Ann Arbor University of Phoenix, Ann Arbor Michigan	Nursing Business	2000 2006		
Credentials (RN, CNP, etc.): RN					
Employer/Local Bargaining Unit: University of Michigan Professional Nurse Council Shift/Unit: Day Leadership title(s) and responsibilities:					
Relevant MNA experience: 20 years LBU member with active involvement in the union and a delegate to the MNA house of delegates for the past 3 years.					
Elected:	Ilected: Officers: President, Vice President, Secretary & Treasurer (<i>attach a viewpoint, 250 words maximum</i>) Board of Directors Committees: Impartial and Nominations				
Appointed:	binted : Committees: Bylaws, CE Provider Unit, Diversity, Resolution, Retirement Councils: Clinical Nursing Practice, Advocacy, and Education; Legislation and Public Policy; Workplace Health & Safety MNA-Political Action Committee (MNA-PAC)				
I am interested i 1) UMPNC Disp	n being a candidate for the following office(s): oute Chair 2)	3)	4)		

CONSENT: If elected or appointed to office, as a member in good standing, I will serve MNA in the interest of professional nursing and abide by the MNA Bylaws, the MNA House of Delegates and Board policies and actions.



I have no potential conflict of interest

Signature:

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Date: