MI NURSES Association

BIOGRAPHY & CONSENT

FOR ELECTED OR APPOINTED OFFICE

Name: **Meghan Suell**

Member: LBU

Personal Email: meghansuell@gmail.com

Cell Phone: (312) 623-2970

Home Phone:

Work Phone:

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

Degree	Institution (Name, City, State)	Major Area of Study	Year Awarded
Bsn	Belmont university	Nursing	2013

Credentials (RN, CNP, etc.): Rn

Employer/Local Bargaining Unit: Umpnc

Shift/Unit: Day/eve

Leadership title(s) and responsibilities:

Relevant MNA experience:
Unit rep

Elected: Officers: President, Vice President, Secretary & Treasurer (***attach a viewpoint, 250 words maximum***)
Board of Directors
Committees: Impartial and Nominations

Appointed: 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 in being a candidate for the following office(s):
1) Secretary 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:

Date: 11/13/2021