

MI NURSES Association

BIOGRAPHY & CONSENT FOR ELECTED OR APPOINTED OFFICE

Name: **Eric Weber**

Member: Associate/Life

Personal Email: Ericweberbsn@gmail.com

Cell Phone: (248) 421-1740

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	Eastern Michigan, Ypsilanti, mi	Nursing	2012

Credentials (RN, CNP, etc.): Rn

Employer/Local Bargaining Unit: Umpnc Shift/Unit: Days/eves

Leadership title(s) and responsibilities: Area district rep

Relevant MNA experience:

Psms, investigatory meetings, rounding, flyers, ado campaigns, wrc

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) Chief rep of university hospital 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: 11/11/2021

