

RNANT/NU Board Nomination Form



Term: April 2021 – 2023 AGM

(Pages 1-3 to be completed by nominating members,
pages 4-5 to be completed by candidate)

Nomination for position of (*circle one*)

President-Elect	Vice President, NT	Vice President, NU
Secretary	Regional Member NT North	Regional Member, NU East
Treasurer	Regional Member NT South	Regional Member, NU West

CANDIDATE:

Name (print): _____ Membership # _____

Address: _____

Phone: (H) _____ (W) _____ Email _____

NOMINATION:

I **nominate** the above-named Registered Nurse for the position circled above on the RNANT/NU Board of Directors. I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____ Membership # _____

Signature: _____ Date: _____

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Each Nomination must be supported by at least 2 other Registered Nurses members.

I **second** the nomination of _____. I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____

Membership # _____

Signature: _____

Date: _____

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I **support** the nomination of _____ . I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____

Membership # _____

Signature: _____

Date: _____

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I accept the nomination for position of _____ on the RNANT/NU Board of Directors.

I understand that the current Term of Office will be a one-year term ending at the 2020 AGM, and that the Role is as outlined in Bylaws. I am prepared to fully participate in Board activities, including pre-reading of agendas and related information, teleconference meetings, fax votes, and one face-to-face meeting per year.

CANDIDATE:

Name (print): _____ Membership # _____

Address: _____

Phone: (H) _____ (W) _____ Email _____

1. # years of nursing experience: _____

2. Declaration: I am a member in good standing of the Association and am not currently under Investigation or subject of a Disciplinary Decision or Settlement Agreement.

Yes No (Circle one)

3. My nursing background includes experience in (types of nursing, locations, positions):

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4. Skills and Interests that make me particularly suitable for this position:

5. I would like to accomplish the following while in this position:

Signature: _____

Date: _____