

150 Garland Avenue, Dartmouth, NS B3B 0A7 Tel: (902) 469-1474 Fax: (902) 466-6935 www.nsnu.ca nsnu.office@nsnu.ca

Nomination Form

To nominate a member, please complete the following nomination and biography forms, and nominee consent form. Upon completion, all forms must be submitted together via fax or scanned and emailed to nsnu.office@nsnu.ca.

Step 1: Nomination Form

Name of Loc	al:						
Name of Non	ninee:						
Address:							
City:		I	Province	:		Postal Code:	
Tele (home):				Tele (wor	k):		
Tele (cell):				Email:			
Name of members nominating the above candidate (Please print):							
1						_	
2							
						_	
Position nominating for:							
President / Vice President / VP Finance / VP Central Area / VP Eastern Area / VP Northern Area / VP Western/ VP Community Care / VP Long Term Care / VP LPN Grad							
Step 2: Nomine	ee Conse	ent Form					
	, consent to allow my name to stand as a member or						
(print name	e)					
alternate for	of the Nova Scotia Nurses' Union.						
(print nominating position)							
		Signs	nture:				

Step 3: Biography Form

Please detail your experience in the following: 1. Nursing: 2. Labour Relations: 3. Labour Education: 4. Continuing Education: Other relevant information: Please make a short statement of your aims and objective for election to this office:

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