**ONIG BOARD OF DIRECTORS NOMINATION FORM**

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| **NOMINEE INFORMATION**  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CREDENTIALS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RNAO #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE: (RES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BUS) \_\_\_\_\_\_\_\_\_\_\_\_ext \_\_\_\_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **CANDIDATE (NOMINEE) CONSENT:**  I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, consent to my name standing for election to the office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for the designated term of office, and agree to fulfill the duties of the office if elected. ***I confirm that I have read and understand the roles and responsibilities of this position and agree to adhere to them.***  Signature : |

**SUPPORT FOR NOMINEE:**

The nominee **must** be an RNAO member and nominator must be an ONIG member currently in good standing for the year 2016.

In the space below, a nominee is required to obtain the contact information and signature of the nominator. All nominations must be received by email no later than **Monday, January 30, 2016 at 1700 hours (5:00pm)** *Applications incorrectly or inadequately completed will not be accepted.*

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| **ENDORSEMENT: I HEREBY NOMINATE THE ABOVE-NAMED CANDIDATE FOR THE FOLLOWING DIRECTOR POSITION:**  ❒President Elect ❒Education  ❒Treasurer ❒Membership  NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ONIG Member: ❒ Yes ❒ NO  ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TELEPHONE: (RES) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (BUS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ext \_\_\_\_\_\_\_\_  EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Candidates Biography (250 Words)** |