**ONIG BOARD OF DIRECTORS NOMINATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CANDIDATE (NOMINEE) INFORMATION:**

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| --- |
| **Name:** |
| **Credentials:** | **RNAO Membership #:** |
| **Address:** |
| **Town/City:** | **Postal Code:** |
| **Telephone Res:** | **Telephone Bus:** |
| **Email:** |

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| **CANDIDATE (NOMINEE) CONSENT:**I, **Name of Nominee**, consent to my name standing for election to the office of **President Elect** 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.*****Date and 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 **2017-2018**.

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 **December 29, 2017 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:**

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| --- | --- |
| ❒ President  | ❒ Education |
| ❒ President Elect  | ❒ Treasurer  |
| ❒ Membership | ❒ Secretary |

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| --- |
| **Name:** |
| **ONIG Member:** ❒Yes ❒ NO |
| **Credentials:** | **RNAO #:** |
| **Address:** |
| **City:** | **Postal Code:** |
| **Telephone Res:** | **Telephone Bus:** |
| **Email:** |

**Date and Signature:**  |