**ONIG BOARD OF DIRECTORS NOMINATION FORM**

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| **CANDIDATE (NOMINEE) INFORMATION:**   |  |  | | --- | --- | | **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 **Treasurer** 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:**   |  |  | | --- | --- | | ❒ President | ❒ Education | | ❒ President Elect | ❒ Treasurer | | ❒ Membership | ❒ Secretary |  |  |  | | --- | --- | | **Name:** | | | **ONIG Member:** ❒Yes ❒ NO | | | **Credentials:** | **RNAO #:** | | **Address:** | | | **City:** | **Postal Code:** | | **Telephone Res:** | **Telephone Bus:** | | **Email:** | |   **Date and Signature:** |