British Columbia Nurses' Union

Regional Nomination Form

To nominate a member to the Regional Executive, please fill out this form and return it to the Regional Nominations Chair by: _____

Date

EXECUTIVE POSITION			
Name of Candidate:	Last Name:	First Name:	
	Address:		
	City:	Province:	Postal Code:
	Home Number:	Work Number with Local:	
	Fax Number:	Email Address:	
	Place of Employment:		

This form must be signed by two current members of BCNU.

1. _____ _____
Name (please print) Worksite (please print)

_____
Signature

2. _____ _____
Name (please print) Worksite (please print)

_____
Signature

CONSENT

I _____ consent to allow my name to stand for
(print name)
the office of _____

for the _____ Region of the British Columbia Nurses' Union.

I understand that by accepting this nomination my personal information may be disclosed during, or as a result of, the election for the purpose of assessing my suitability as a candidate and my compliance with BCNU's Constitution and By-laws.

_____
Signature