

NOMINATIONS COMMITTEE ELECTION NOMINATION FORM



To nominate a member to the Nominations Committee, please fill out this form and return it to the BCNU office, by 5 p.m. March 3, 2017.

POSITION: NOMINATIONS COMMITTEE

NAME OF CANDIDATE: _____

Address: _____

Phone: (HOME) _____ (WORK) _____ (FAX) _____

Email: _____ *(by providing this email contact, you acknowledge that it may be used for union business).*

Place of Employment: _____

THIS FORM MUST BE SIGNED BY FOUR CURRENT MEMBERS OF BCNU

1.	_____	_____
	NAME (PLEASE)	WORKSITE (PLEASE)
	_____	_____
	SIGNATURE	
2.	_____	_____
	NAME (PLEASE)	WORKSITE (PLEASE)
	_____	_____
	SIGNATURE	
3.	_____	_____
	NAME (PLEASE)	WORKSITE (PLEASE)
	_____	_____
	SIGNATURE	
4.	_____	_____
	NAME (PLEASE)	WORKSITE (PLEASE)
	_____	_____
	SIGNATURE	

CONSENT

I, _____, consent to allow my name to stand for
NAME (PLEASE PRINT)
the office of Nominations Committee Member of the British Columbia Nurses' Union

SIGNATURE: _____

Please ensure your biographical Sketch and Statement of Objectives are no longer than 250 words combined.

BIOGRAPHICAL SKETCH

STATEMENT OF OBJECTIVES

DATE: _____ **NAME:** _____

DECLARATION

I hereby certify that the information contained in my biographical sketch is true and correct. During my campaign, and if elected, I shall abide by the provisions of the current BCNU Constitution and Bylaws.

SIGNATURE:

PHONE: (HOME) _____ (WORK) _____ (FAX) _____

Forms must be received at the BCNU office in Burnaby, BC by 17:00 on March 3, 2017 marked "Nomination Form".
Material received after the deadline will not be accepted.

Send to Sharon Sponton, Provincial Returning Officer at sharonsponton@bcnu.org

BC Nurses' Union — 4060 Regent Street, Burnaby, BC, V5C 6P5

Fax 604-433-7945 or 1-888-284-2222