



**CANADIAN GERONTOLOGICAL NURSING ASSOCIATION
BOARD OF DIRECTORS NOMINATION FORM**

Date of Nomination: _____

Nominee's Name: _____

CGNA MEMBER since: _____ **(year)**

I, (Name) _____

hereby nominate (Name) _____

to the Position of _____

In the Canadian Gerontological Nursing Association.

NOMINEE Signature¹ _____

Address _____

Work/Home Telephone Number _____

E-mail Address _____

NOMINATOR Signature² _____

Address _____

Work/Home Telephone Number _____

E-mail Address _____

NOMINATOR Signature _____

Address _____

Work/Home Telephone Number _____

E-mail Address _____

Received: _____

Nominating Committee Member _____

¹ Attach/email a digital photograph for publication in the CGNA newsletter and, if desired, a statement of up to 250 words.

² For positions of Directors from provincial associations, nominators must be members of the executive or Board of Directors of the provincial association. All nominators must be members in good standing of CGNA.