ONA111 Nomination Form

***Please print or type all information except when signing.**

Position Being Nominated for: _____

Name: _____

Local # _____ ONA Identification Number _____

Address: _____

_____

Phone: _Cell: _____ Alternate: _____

Nominators

1. Name: _____ Local #_____ ONA ID#_____

   Signature: _____

2. Name: _____ Local #_____ ONA ID#_____

   Signature: _____

Consent of Candidate

I, the undersigned, am a member with entitlements of the Ontario Nurses' Association and consent to allow my name to be considered FOR THE POSITION(S) IDENTIFIED ABOVE and to FULFILL MY ACCOUNTABILITIES if so elected or appointed. I have read and agree to abide by the Guidelines for Candidates contained in the ONA Local and Bargaining Unit Election Policy.

Date: _____ Signature: _____