



NOMINATION FORM

**Position: BASE HOSPITAL REPRESENTATIVE
REGINA**

To be elected for a two (2) year term, as per Bylaw 4.

- Nominees to be nominated from and by the general membership of the Union, as per Bylaw 4.
- Signature of the nominee indicating consent to run for office **MUST** be shown.
- Faxed or emailed copies of Nominations Forms and Position Statements are to be followed with the original by mail to the SUN Regina office. Nominees should contact the SUN Regina office to ensure the Nomination Form and the Position Statement have been received.

Nominee:		
Local Name and Number:		
Address:		
Phone Number:		
Supervisor's Information: <i>(Supervisor's information is required should Nominee be elected to office)</i>	Name:	
	Title:	
	Facility:	
Consent of Nominee:		

Signature of Nominee

Nominated by:	
Local Name and Number:	
Address:	
Phone Number:	

Seconded by:	
Local Name and Number:	
Address:	
Phone Number:	

**Include POSITION STATEMENT (maximum of 250 words) and a black & white photo.
Refer to CALL FOR NOMINATIONS memo.**

To be returned to the SUN Regina office by 1630 hours January 16, 2018.