



NOMINATION FORM

Position: NOMINATIONS COMMITTEE

**SASKATCHEWAN
UNION OF NURSES**

One (1) to be elected for a one (1) year term only.

- 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 the office **MUST** be shown.

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

Signature of Nominee

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

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

Include POSITION STATEMENT (maximum of 150 words) and a photo in .jpg format.
DO NOT FAX PHOTO.

Refer to CALL FOR NOMINATIONS memo.

To be returned to the SUN Regina office by **1200 hours February 10, 2026.**
Email: **elections@sun-nurses.sk.ca**