



# NOMINATION FORM

**SASKATCHEWAN  
UNION OF NURSES**

**Position: NETWORK REPRESENTATIVE**  
Select:  NE     SE     REGINA

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

- Nominees for the office of Network Representative shall be from the members of the given Network who work the majority of their regular paid hours (>60%) within their respective Network, excluding base hospitals, as per Bylaw 4.04.
- 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:		
Manager's Information: (Manager's information is required should Nominee be elected to office)	Name:	
	Title:	
	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 250 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 January 15, 2025.**  
Email: [elections@sun-nurses.sk.ca](mailto:elections@sun-nurses.sk.ca)