



NOMINATION FORM

**SASKATCHEWAN
UNION OF NURSES**

**Position: NETWORK LEAD
Select: NORTH**

North Network Lead to be elected for a two (2) year term.

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:	
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