



NOMINATION FORM

SASKATCHEWAN UNION OF NURSES

Position: **FIRST VICE-PRESIDENT**

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:	
Signature	

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

**Include POSITION STATEMENT (maximum of 500 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 18, 2022.



NOMINATION FORM

**SASKATCHEWAN
UNION OF NURSES**

Position: **REGIONAL REPRESENTATIVE**

Select Region: 2 4 6

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	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.
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To be returned to the SUN Regina office by 1200 hours January 18, 2022.



NOMINATION FORM

**SASKATCHEWAN
UNION OF NURSES**

Position: **BASE HOSPITALS REPRESENTATIVE
REGINA**

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Phone Number:		
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	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	

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NOMINATION FORM

**SASKATCHEWAN
UNION OF NURSES**

Position: **BASE HOSPITALS REPRESENTATIVE
SASKATOON**

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Consent of Nominee:		

Signature of Nominee

Nominated by:	
Local Name and Number:	
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Signature	

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