



SASKATCHEWAN UNION OF NURSES

NOMINATION FORM

**Position: BASE HOSPITALS REPRESENTATIVE
REGINA**

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

- Nominees for the office of Base Hospital Representatives shall be from the members who work the majority of their regular paid hours (>60%) within the base hospitals.
- Signature of the nominee indicating consent to run for office MUST be shown.
- 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: (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 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, 2026.**

Email: **elections@sun-nurses.sk.ca**