SASKATCHEWAN UNION OF NURSES

NOMINATION FORM

Position: NETWORK REPRESENTATIVE
Select: ❑ NW ❑ SW ❑ SASKATOON

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.
- 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**