SASKATCHEWAN UNION OF NURSES

NOMINATION FORM

Position: COMMUNITY CONNECTIONS COMMITTEE

Five (5) elected members for a two (2) year term, as per Bylaw 7.

- 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 the office **MUST** be shown.

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 150 words)
Refer to CALL FOR NOMINATIONS memo.

To be returned to the SUN Regina office by **1200 hours January 15, 2027.**
Email: **elections@sun-nurses.sk.ca**