



**SASKATCHEWAN  
UNION OF NURSES**

# NOMINATION FORM

## POSITION: Network Representative

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, as per Bylaw 4.04.
- **Consent to run for office MUST be shown.** As per Bylaw 1.14, consent may be provided by original signature or personal SUN Nurse ID number.
- 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.

### SELECT NETWORK:

☐ Northwest ☐ Southwest ☐ Saskatoon

**Nominee:**

**Local Name and Number:**

**Address:**

**Phone Number:**

**Supervisor's Information:**

*(Supervisor's information is required  
should Nominee be  
elected to office)*

*Name:*

*Title:*

*Facility:*

**Consent of Nominee:**

*Signature of Nominee or personal SUN ID #*

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### NOMINATED BY:

**Local Name and Number:**

**Address:**

**Phone Number:**

**Signature or personal SUN ID #:**

### SECONDED BY:

**Local Name and Number:**

**Address:**

**Phone Number:**

**Signature or personal SUN ID #:**

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, 2024.**

Email: **[elections@sun-nurses.sk.ca](mailto:elections@sun-nurses.sk.ca)**