



CHNIG 2018 Board Nomination Form



The nomination form must be accompanied by a brief description of the candidate's skills and experience (max. 1 page) and signatures of the Nominee and Nominators. Each Nominee and Nominator must be a CHNIG member in good standing.

CHNIG Board Position: _____

Name of Nominee _____
Title/ Organization _____
Address _____
City _____ Province _____ Postal Code _____
Telephone _____ E-mail _____

Nominee Consent

I, the undersigned, consent to allow my name to stand for elections as _____ (position) for the term of office _____ (dates) and to act if elected.

Signature _____ **RNAO Membership Number** _____

Nominator #1

Name _____ Title _____

Address _____

City _____ Province _____ Postal Code _____

E-mail _____

Signature _____ **RNAO Membership Number** _____

Nominator #2

Name _____ Title _____

Address _____

City _____ Province _____ Postal Code _____

E-mail _____

Signature _____ **RNAO Membership Number** _____