



CHNIG 2019 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**