



Ontario Nurses Association – Local 8

Nomination Form

IMPORTANT: Please print all information except where signature is required

NAME OF CANDIDATE:

Surname	Given Names	ONA ID #
---------	-------------	----------

Nominated for:
(use a separate form for each nomination)

Position – please specify if this is a Local position or bargaining unit

Phone No. Home () _____
 Cell () _____
 Work () _____ ext _____

Important – please indicate the best number to contact you at the night of the elections

Bargaining Unit _____

NOMINATED BY:

- | | | | |
|---------|-------------|-----------|----------|
| _____ | _____ | _____ | _____ |
| Surname | Given Names | Signature | ONA ID # |
- | | | | |
|---------|-------------|-----------|----------|
| _____ | _____ | _____ | _____ |
| Surname | Given Names | Signature | ONA ID # |

CONSENT OF CANDIDATE

I, the undersigned, am a member with entitlements of the Ontario Nurses' Association and consent to allow my name to stand for election FOR THE POSITION IDENTIFIED ABOVE and to FULFILL MY ACCOUNTABILITIES if so elected.

Date: _____ Signature _____

Date Received	
Received By	
Verified Entitlement by	
Added to Slate of Nominees	