Nomination Form

Please print all information except for where signature is required.

Name of Candidate (first and last name): _____

ONA ID #_____

Phone Number: _____

Non-work email: _____

Bargaining Unit: _____

Nominated for: Select one position per form

- ❑ **Local Coordinator**

*Any member who seeks to hold the position of Local Coordinator shall have served either 1) at least one term on the bargaining unit leadership team (such as a Committee Chair) or 2) at least one term of a position of the Local Executive Team. Please indicate the candidate's qualifications:

- ❑ **Local Treasurer**

*Any member who seeks to hold the position of Treasurer shall have served at least one term at the Local Executive level or in a bargaining unit leadership position (Unit Representative, committee member, Committee Chair etc.). Please indicate the candidate's qualifications:

- ❑ Local Secretary
- ❑ Local Political Action Lead
- ❑ Local Human Rights and Equity Lead
- ❑ Local Elections Committee

❑ **Bargaining Unit position** (print position): _____

- *In accordance with By-Law II #9, to be eligible to be nominated and stand for election and hold a position on the Local Executive Committee, a member must meet the qualifications listed*

NOMINATED BY: *(Please ensure the names are legible – If not the election committee will return this form for you to resubmit, nominators must also be members with entitlement)*

_____

Surname *given name* *signature* *ONA ID #*

_____

Surname *given name* *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 _____

Important – phone number and email are mandatory to complete so we can contact you if issues with your nomination form and to relay the election result

Elections for the 2027-2029 Term of Office

*Completed forms MUST be received by September24, 2026 at 1600 hours

*Completed form can be sent to the election committee by one of these options:

faxed to 1-877-866-7563 or scanned and emailed to local8@ona.org

*All forms must be legible and completed fully

*If you do not know your ONA ID # you can call ONA Membership Services at 1-800-387-5580, ext. 2200

or email them at memberchanges@ona.org

*All candidates will receive an email when their form is received to confirm it is acceptable or

indicate any issues with the form. No election information will be provided thru and employer email

*Candidates can email local8@ona.org with any questions about completing the form.

*All other election related questions can be asked via your Bargaining Unit President or the Local 8 Coordinator (Local8@ona.org), if you have no current President