

OHNIG NOMINATION FORM 2010 - 2012

Nominee's Information (PLEASE PRINT):

NAME: _____ RNAO #: _____ IPN Member _____

OHNIG Professional Nurse Practice is: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

TELEPHONE: (RES) _____ (BUS) _____ ext. _____

FAX: _____ EMAIL: _____

PROFESSIONAL EXPERTISE OR SPECIALIZED HEALTH CARE PRACTICE:

Please provide in your own words a profile of yourself: [words 250 max.]

CANDIDATE'S CONSENT

I, _____, consent that my name stand for a position on the

OHNIG Executive _____ (please print)

OHNIG Volunteer Committee _____ (please print)

I understand the OHNIG executive positions as outlined in the OHNIG Constitution. I am an OHNIG member in good standing with OHNIG and RNAO Guidelines and Bylaws. I agree to meet a need as mutually agreed and determined by my experience and desire.

SIGNATURE: _____

(Print full name) _____

Nomination for the positions on the OHNIG Executive are done in accordance with
OHNIG Bylaw (Initial Constitution and Bylaw April 2003, Revised April 2005)
Pending Approval to Bylaw changes Nov 12, 2010

Email completed form to OHNIG administration: admin@ohnig.ca

For more information contact any OHNIG Executive Member:
<http://www.ohnig.ca/contact/contactohnig.html>