

**Ontario Nurses' Association (ONA)
Expression of Interest Form**

Position or Committee: _____

Name: _____

Address: _____

Postal Code _____ **Phone** _____

E-mail address _____

Unit _____

ONA Membership # _____

1. Briefly explain why you wish to be a (insert name of position or committee)

2. Please indicate any of your experiences, education and interests that would make you an effective (insert name of position or committee)

Deadline for submission:

Submit completed applications to ONA Local 83

**Local Coordinator
ONA Local 83
36 Antares Drive, suite 1000
Ottawa, Ontario
K2E 7W5**

Please confirm receipt of this application by calling 613 731-1314