

**ONA LOCAL 083  
NOMINATION FORM  
LOCAL AND BARGAINING UNITS' POSITIONS**

**POSITION BEING NOMINATED FOR:** \_\_\_\_\_

**IMPORTANT: Please print all information**

**NAME OF CANDIDATE:** Please circle: MS. MRS. MISS. MR.

\_\_\_\_\_

Surname

Given Names

Local # \_\_\_\_\_ Home Address \_\_\_\_\_

Phone No. Home: ( ) \_\_\_\_\_ Bus. ( ) \_\_\_\_\_

ONA Identification Number \_\_\_\_\_ (as found on your Membership Card)

**NOMINATORS**

(1)

_____	_____	_____	Local # _____
Surname	Given Names	Signature	ONA ID# _____

(2)

_____	_____	_____	Local # _____
Surname	Given Names	Signature	ONA ID # _____

A resume may be submitted in addition to this nomination form for advertisement.

**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