



CANNN Board Nomination Form

Term: October 21, 2023 – 2025 AGM

(Pages 1-3 to be completed by nominating members,
pages 4-5 to be completed by candidate)

Nomination for position of (**circle one**):

Treasurer	Secretary	NWT Vice-President
	NU Vice - President	
NT North Representative	NT South Representative	NU East Representative

CANDIDATE:

Name (print): _____ Membership #: _____

Address: _____

Phone: (H): _____ (W): _____ Email: _____

NOMINATION:

I **nominate** the above-named Registered Nurse for the position circled above on the CANNN Board of Directors. I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____ Membership #: _____

Signature: _____ Date: _____



CANNN Board Nomination Form

Each Nomination must be supported by at least 2 other Registered Nurses members.

I **second** the nomination of _____. I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____ Membership #: _____

Signature: _____ Date: _____



CANNN Board Nomination Form

I **support** the nomination of _____. I feel they would be a good candidate for this position because (abilities, experience, potential contributions):

Name (print): _____ Membership #: _____

Signature: _____ Date: _____



CANNN Board Nomination Form

I accept the nomination for position of _____ on the
CANNN Board of Directors.

I understand that the current Term of Office will be a two-year term ending at the 2024 AGM, and that the Role is as outlined in Bylaws. I am prepared to fully participate in Board activities, including pre-reading of agendas and related information, teleconference meetings, fax votes, and one face-to-face meeting per year.

CANDIDATE:

Name (print): _____ Membership # _____

Address: _____

Phone: (H): _____ (W): _____ Email: _____

1. Number of years of nursing experience: _____

2. Declaration: I am a member in good standing of CANNN and am not currently under Investigation or subject of a Disciplinary Decision or Settlement Agreement.

(Circle one): Yes No

3. My nursing background includes experience in (types of nursing, locations, positions):



CANNNN Board Nomination Form

4. Skills and Interests that make me particularly suitable for this position:

5. I would like to accomplish the following while in this position:

Signature: _____ Date: _____