ONA34

NOMINATION FORM

PLEASE PRINT ALL INFORMATION CLEARLY. Complete one nomination form for each position you are running for.

NOMINEE INFORMATION

Nominee Name:

_____

Site and Unit:_____

ONA Membership #:

_____

Position Running For: _____

CONTACT INFORMATION (For Election Results)

Contact Number:_____

Personal Email Address: _____

NOMINATION DETAILS

Nominated By (Name & Signature): _____

Nominator ONA #: _____

Seconded By (Name & Signature): _____

Seconder ONA #: _____

NOMINEE ACCEPTANCE

I accept the nomination for the position indicated above.

Nominee Signature: _____

Date Signed: _____

SUBMISSION INSTRUCTIONS

Send the fully completed Nomination Form to: ONA34 Elections Committee at O N A 3 4 E l e c t i o n s @ o n a . o r g