

NOMINATION FORM FOR LOCAL 70 ELECTIONS – 2017-2018
(January 1st, 2017 to December 31st, 2018)

FAX to: ONA Local 70 Office - 905-318-6225 (Attention Election Committee)

I nominate _____ for the position of

NURSE REP (Specify Site and Unit) _____

Signed _____
Signature of **NOMINATOR** print name **ONA#**

Home phone # _____

Home Email _____

Signature of **SECONDER** print name **ONA#**

Home phone # _____

Home Email _____

Nomination Accepted by:

Signature of **NOMINEE** print name **ONA #**

Unit/Site _____ Ext _____

Home Phone # _____ Address _____

E-mail _work _____ home _____

**** Incomplete or Unsigned Forms will be Null and Void****