

Chair of Nominations Committee ORN/ 4 Cataraqui Street, Suite 310 Kingston, Ontario K7K 1Z7

905a - NOMINATION FORM: Officer Treasurer

(To be completed by Nominator and Seconder)

PLEASE FORWARD THE COMPLETED NOMINATION FORM BY E-MAIL

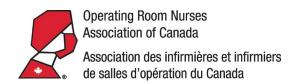
TO: nominations@ornac.ca

DEADLINE FOR SUBMISSION OF NOMINATIONS: February 1, 2020 at 2400 hrs

NOTE: Late submissions will not be considered.

POSITION:	☐ Treasurer			
NAME				
ADDRESS				
CITY		PROVINCE	POSTAL CODE	
TELEPHONE (H)		TELEPHONE (W)	FACSIMILE	
E-MAIL (H)				
E-MAIL (W)				
EMPLOYER				
POSITION OF EMPLOYMENT				
YEARS IN CURRE	ENT POSITION			
NOMINATED BY:		Signature	Print Name	
SECONDED BY:		 Signature	Print Name	

NOTE FOR OFFICER POSITIONS: Nominator and Seconder must be a current ORNAC Executive/Board Member.



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905b - NOMINATION INFORMATION Officers Treasurer

(To be completed by Nominee)

PLEASE FORWARD THE COMPLETED FORM BY E-MAIL

TO: nominations@ornac.ca

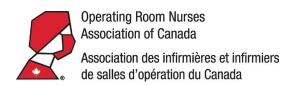
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POSITION:	☐ Treasurer		
NOMINEE NAME			
CERTIFICATION IN PERIOPERATIVE NURSING NUMBER OF YEARS EMPLOYED IN PERIOPERATIVE NURSING		☐ Yes	□ No
OBJECTIVES FOR O	RNAC		
1			
2.			
3.			
ELECTION STATEME	ENT		

DOCUMENTS FOR SUBMISSION

- 1) PLEASE SUBMIT A COPY OF YOUR CURRENT RESUME
- 2) PLEASE SUBMIT TWO REFERENCE LETTERS



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905c - WILLINGNESS TO SERVE ON THE ORNAC BOARD

hereby state that I am willing to serv	e on the ORNAC
(Print) for the term of office	
TILL GOL ONL!	
	(Print Name)
☐ Yes	☐ No
☐ Yes	□ No
☐ Yes	☐ No
☐ Yes	\square No
☐ Yes	\square No
☐ Yes	\square No
☐ Yes	☐ No
☐ Yes	☐ No
	TTEE USE ONLY Yes Yes Yes Yes Yes Yes Yes Yes Yes Y