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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nomination for:** | | | | | | |  | | | | | | | | | | | | | | |
|  | | | | | | | Position | | | | | | | | | | | | |
| **Name of Candidate:** | | | | | | |  | | | | | | | |  |  | | | | | |
|  | |  | | | |  | Surname | | | | | | | |  | Given Name(s) | | | | | |
| **Region:** | | |  | | **Local:** | | | |  | | **ONA Identification Number:** | | | | | |  | | *(as found on your Membership Card)* | | | | |
| **Phone:** | | | | ( ) - | | | | | | **Personal Email:** | | | |  | | | | | | |
| **Address:** | | | |  | | | | | | | | | | | | | | | | | |
| **NOMINATORS** | | | | | | | | | | | | | | | | | | | | | | |
| (1) |  | | | | | | | |  | | |  |  | | | | | Local #: | | | | |
|  | Surname | | | | | | |  | Given Name(s) | | |  | Signature | | | | | ONA ID#: | | | | |
| (2) |  | | | | | | | |  | | |  |  | | | | | Local #: | | | | |
|  | Surname | | | | | | |  | Given Name(s) | | |  | Signature | | | | | ONA ID#: | | | | |
| (3) |  | | | | | | | |  | | |  |  | | | | | Local #: | | | | |
|  | Surname | | | | | | |  | Given Name(s) | | |  | Signature | | | | | ONA ID#: | | | | |
| (4) |  | | | | | | | |  | | |  |  | | | | | Local #: | | | | |
|  | Surname | | | | | | |  | Given Name(s) | | |  | Signature | | | | | ONA ID#: | | | | |
| (5) |  | | | | | | | |  | | |  |  | | | | | Local #: | | | | |
|  | Surname | | | | | | |  | Given Name(s) | | |  | Signature | | | | | ONA ID#: | | | | |

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CONSENT OF CANDIDATE

**I, the undersigned, am a member in good standing of the Ontario Nurses' Association and consent to allow my name to stand for election as Vice-President, Region 5, for the 2025-2027 term of office and to act if so elected.**

**I have also read, understand and agree to abide by the ONA Provincial Election Policy, and will attend a mandatory orientation session on the ONA Provincial Election Policy and processes.**

**Date: Signature:**