|  |  |
| --- | --- |
| **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:**