



**REGISTERED
PSYCHIATRIC
NURSES
ASSOCIATION OF
SASKATCHEWAN**

Council Nomination Form

for the Registered Psychiatric Nurses Association of Saskatchewan

NOMINEE

Full Name: _____ **Registration Number:** _____
Surname Given Name

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Home Phone: _____ **Work Phone:** _____
(306) 123 - 4567 (306) 123 - 4567

Email: _____

As a practicing member in good standing, I am willing to allow my name to stand in nomination for the position and term as indicated to the right: **Member-at-Large: 2 Years**

Signature: _____ **Date:** _____

NOMINATOR

Full Name: _____ **Registration Number:** _____
Surname Given Name

Address: _____
Street Address Apartment/Unit #

City Province Postal Code Country

Home Phone: _____ **Work Phone:** _____
(306) 123 - 4567 (306) 123 - 4567

Email: _____

As a practicing member in good standing, I nominate the member identified above for the position and term indicated.

Signature: _____ **Date:** _____

Nominee's Statement of Purpose

Please identify goals and objectives you will pursue in the position you seek and the skills and expertise you will contribute as a member of Council.

This information will be circulated with the ballots. In order for the entire membership to make an informed choice when voting, please complete this section!

Education Preparation and Career Experience

Leadership Experiences

Briefly describe experiences you have had serving on professional and/or community boards, committees or advisory bodies at local, provincial or national levels; do not include those positions which were/are requirement of employment.