

2012 NYSNA ELECTION NOMINATION FORM

Please PRINT clearly

I wish to run for the office of _____

Alternative elective position for which I may agree to be considered: _____

NYSNA membership is required for election to an office.

MEMB.# _____

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

Home phone (____) _____ Work phone (____) _____

Cell _____ E-Mail _____

SPECIFIC AREA OF PRACTICE _____

Vice President

Secretary

Director at Large

Nominating Committee

Election Committee

DEADLINE: March 12, 2012

PRESENT EMPLOYMENT POSITION AND FACILITY:

FORMER EMPLOYMENT POSITIONS HELD:

NYSNA district membership if applicable:

District # _____

RACE/ETHNIC GROUP:
(Provision of information about ethnicity, which is used for affirmative action purposes only, is optional.)

American Indian/Alaska Native Asian/Pacific Islander

Black/African American Hispanic White

EDUCATION: *(Please indicate those levels completed.)*

Diploma Associate Degree

Baccalaureate Specify: _____ (BA, BS, BSN, etc.)

Master's Specify: _____ (MA, MS, MEd, etc.)

Doctorate Specify: _____ (PhD, EdD, etc.)

PROFESSIONAL ACTIVITIES:
(List professional activities on district/community, state, and national levels. Include offices held.)

Present: District/Community: _____

State: _____

National: _____

Past: (5 years only)

District/Community: _____

State: _____

National: _____

A signed statement must accompany this nomination form. The statement must include what you believe the key issues are for nursing and what your position is on these issues. **Statements must not exceed 80 words.** Type or print your statement in the space below or on an attached sheet of paper. It will not be possible to publish statements in their entirety if they exceed 80 words.

I will serve if elected. _____ *

Signature

* A special meeting may occur to bring NYSNA election terms in compliance with the Department of Labor requirements. As a result, NYSNA bylaw amendments could have implications to the elections eligibility. Should such changes occur, the Association will notify members.

NOMINATING INSTRUCTIONS

Running for office is a benefit of membership and a way to participate actively in your professional association. Use this form to submit your name to the Nominating Committee for:

The following association-wide offices:

Vice President
Secretary
Director at Large
Nominating Committee
Election Committee

DEADLINE: March 12, 2012

RETURN COMPLETED FORM TO:

**NYSNA Nominating Committee
New York State Nurses Association
11 Cornell Road
Latham, NY 12110
E-mail: executive@nysna.org
Fax: (518) 783-5207**

Detailed information about all elected offices is contained in the NYSNA Nominations and Elections Manual. Members who are considering becoming candidates for any of the above offices are encouraged to request the manual which is available on the members-only area of the NYSNA website or from Tammy Denman, NYSNA Executive Office, 800.724.NYRN, extension 205 or tammy.denman@nysna.org.