

NOTICE OF NOMINATIONS FOR 2018 NYSNA OFFICER ELECTION

Nominations are being accepted for the following NYSNA offices and positions: President, First Vice President, Second Vice President, Secretary, Treasurer, ten(10) Directors at Large, Eastern Regional Director, Central Regional Director, Western Regional Director, Southern Regional Director, Southeastern Regional Director, Lower Hudson and New Jersey Regional Director, six(6) members of the Nominating Committee(one for each region), and three(3) members of the Election Committee.

Nominations Forms, Consent to Serve forms, and Candidate Statement forms must be submitted no later than Tuesday April 2, 2018.

■ TERM OF OFFICE

All elected officers and directors will serve three-year terms. The terms of office for the positions listed above will commence at the conclusion of the ballot count.

■ NOMINATIONS

Nominations may be submitted in writing by mail, email or fax to the Nominating Committee at the following address:

Nominating Committee
New York State Nurses Association
c/o Jeremy Markman
131 W 33rd St., Fourth Floor
New York, NY 10001
jeremy.markman@nysna.org
Fax: (888) 395-7259

Nomination Forms, Consent to Serve forms, and Candidate Statement forms will be available on the NYSNA website, www.nysna.org/election, and from the Nominating Committee at the above address.

No member may accept nomination for or serve in more than one office.

■ ELIGIBILITY TO NOMINATE

A member may self-nominate or nominate a candidate for office only if he or she is not: (1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee.

■ ELIGIBILITY TO RUN FOR OFFICE

A member is eligible to run for office only if he or she is not: (1) in arrears in the payment of dues, fees and financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act; (3) a member of the NYSNA staff; (4) serving on the Nominating or Election Committee.

While all members meeting these criteria may run for Association-wide office, only members assigned to a designated Region (available at www.nysna.org/election) may run for that Regional Director position.

NEW YORK STATE NURSES ASSOCIATION

2018 NOMINATIONS & CONSENT TO SERVE FORM

Name of Nominee: _____
(Print name as you wish it to appear on the ballot)

Name of Nominator: _____ Self Nomination ☐

Nominator's Member Number: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Fax: _____

Email Address: _____

The nominee is proposed as a candidate for election to the following position: (check only one)

- ☐ President
- ☐ First Vice President
- ☐ Second Vice President
- ☐ Secretary
- ☐ Treasurer
- ☐ Director at Large (10)
- ☐ Eastern Regional Director
- ☐ Central Regional Director
- ☐ Western Regional Director
- ☐ Southern Regional Director
- ☐ Southeastern Regional Director
- ☐ Lower Hudson and New Jersey Regional Director
- ☐ Member of the Nominating Committee (6)
- ☐ Member of the Election Committee (3)

All officers and directors will serve three-year terms, which will commence at the conclusion of the ballot count. Members are eligible to be nominated for and serve in only one elective office at any one time.

CONSENT TO SERVE

To Be Completed by Nominee. Your consent is required in order to be nominated for the office marked above. Your signature indicates that you consent to serve if elected.

Signature of Nominee: _____

Member Number: _____

Region: _____

Date: _____

Home Address: _____

City/State/Zip Code: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Fax: _____

Email Address: _____

Return Completed Form To:

Nominating Committee
New York State Nurses Association
c/o Jeremy Markman
131 W 33rd St., Fourth Floor
New York, NY 10001
jeremy.markman@nysna.org
Fax: (888) 395-7259

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NEW YORK STATE NURSES ASSOCIATION

CANDIDATE STATEMENT (OPTIONAL)

Part I: Biographical Data

Current Employment Position and Facility:

Former Employment Position and Facility:

Education:

Professional Activities and Union Offices Held:

Part II: Statement of Views

Please state below, in no more than 100 words, your views that you consider relevant as a candidate in this election.

NEW YORK STATE NURSES ASSOCIATION

REGIONS FOR ELECTIONS OF DIRECTORS

How to determine your region:

- If you work and live in NYS, select the county where you work;
- If you are unemployed, or work outside of NYS or NJ, but live in NYS or or NJ, select the county where you live;
- If you work and live outside of NYS or NJ, select Western Region (not represented by NYSNA for collective bargaining [Not CBU]).

Eastern — Region #1

Albany
Clinton
Columbia
Essex
Franklin
Greene
Hamilton
Orange.
Rensselaer
Saratoga
Schoharie
Sullivan
Ulster
Warren
Washington

Central — Region #2

Broome
Cayuga
Chenango
Cortland
Delaware
Fulton
Herkimer
Jefferson
Lewis
Madison
Montgomery
Oneida
Onondaga
Oswego
Otsego
St. Lawrence
Schenectady
Tioga

Western — Region #3

Allegany
Cattaraugus
Chautauqua
Chemung
Erie
Genesee
Livingston
Monroe
Niagara
Ontario
Orleans
Schuyler
Seneca
Steuben
Tompkins
Wayne
Wyoming
Yates

Southern — Region #4

Bronx
Kings
New York
Queens
Richmond

Southeastern — Region #5

Nassau
Suffolk

Lower Hudson/New Jersey — Region #6

Dutchess, NY
Putnam, NY
Rockland, NY
Westchester, NY
Atlantic, NJ
Bergen, NJ
Burlington, NJ
Camden, NJ
Cape May, NJ
Cumberland, NJ
Essex, NJ
Gloucester, NJ
Hudson, NJ
Hunterdon, NJ
Mercer, NJ
Middlesex, NJ
Monmouth, NJ
Morris, NJ
Ocean, NJ
Passaic, NJ
Salem, NJ
Somerset, NJ
Sussex, NJ
Union, NJ
Warren, NJ