NOTICE OF NOMINATIONS FOR 2021 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 Thursday, April 1, 2021.

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
Marisa Jimenez
155 Washington Ave., 4th Fl
Albany, NY 12210
nominations@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 or position.

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, or 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; or (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, or financial obligations to NYSNA; (2) a supervisor or manager within the meaning of the National Labor Relations Act, within the twenty-four (24) months preceding nomination (3) a member of the NYSNA staff; or (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.
Name of Nominee:__________________________________________________________________________________________________
(Print name as you wish it to appear on the ballot)

Member Number (optional):_________________________________________________________________________________________

Home Address:___________________________________________________________________________________________________

City/State/Zip Code: _______________________________________________________________________________________________

Home Phone:_____________________________________________  Cell Phone: _____________________________________________

Work Phone:______________________________________________  Fax: ____________________________________________________

Email Address:____________________________________________________________________________________________________

CONSENT TO SERVE: Your consent is required in order to be nominated for the office marked on this form. Your signature indicates that you consent to serve if elected. Candidates for the Nominations and Election Committee must also agree to the following if elected: you agree not to engage in any campaigning or public support of any candidates in the 2024 NYSNA Officer and Board of Directors election.

Signature:_____________________________________________________________________

IF YOU ARE NOMINATING ANOTHER MEMBER

If you are nominating a member other than yourself, please fill out the information below.

Name:_________________________________________________

Region: ________________________________________________

Date: __________________________________________________

Home Address:_________________________________________

City/State/Zip Code: ___________________________________

Home Phone:___________________________________________

Cell Phone:_____________________________________________

Work Phone:____________________________________________

Fax: ____________________________________________________

Email Address:__________________________________________

Nominations and Consents to Serve must be submitted no later than April 1, 2021.
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 200 words, your views that you consider relevant as a candidate in this election.

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
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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

**Western — Region #3**
Allegany
Cattaraugus
Chautauqua
Chenango
Erie
Genesee
Livingston
Monroe
Niagara
Ontario
Orleans
Schuyler
Seneca
Steuben
Tompkins
Wayne
Wyoming
Yates

**Central — Region #2**
Broome
Cayuga
Chenango
Cortland
Delaware
Fulton
Herkimer
Jefferson
Lewis
Madison
Montgomery
Oneida
Onondaga
Oswego
Otsego
St. Lawrence
Schenectady
Tioga

**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

**Southern — Region #4**
Bronx
Kings
New York
Queens
Richmond