# 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 threeyear 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 twentyfour (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.



# NEW YORK STATE NURSES ASSOCIATION 2021 NOMINATIONS & CONSENT TO SERVE FORM

Name of Nominee:	vish it to appear on the ballot)
Member Number (optional):	
Home Address:	
City/State/Zip Code:	
Home Phone:	Cell Phone:
Work Phone:	Fax:
Email Address:	
Your signature indicates that you consent to serve	order to be nominated for the office marked on this form. If elected. Candidates for the Nominations and Election cted: you agree not to engage in any campaigning or NA Officer and Board of Directors election.
Signature:	
<ul> <li>The nominee is proposed as a candidate for election to the following position: (check only one)</li> <li>President</li> <li>First Vice President</li> <li>Second Vice President</li> <li>Secretary</li> <li>Treasurer</li> <li>Director at Large (10)</li> <li>Eastern Regional Director</li> <li>Central Regional Director</li> <li>Southern Regional Director</li> <li>Southern Regional Director</li> <li>Southeastern Regional Director</li> <li>Lower Hudson &amp; New Jersey Regional Director</li> <li>Member of the Nominating Committee(6)</li> <li>Member of the Election Committee(3)</li> </ul>	IF YOU ARE NOMINATING ANOTHER MEMBER         If you are nominating a member other than yourself, please fill out the information below.         Name:
	Home Phone: Cell Phone: Work Phone: Fax: Email Address:
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.	Return Completed Form To: Nominating Committee New York State Nurses Association c/o Marisa Jimenez

155 Washington Ave., 4th Fl

nominations@nysna.org Fax: (888) 395-7259

Albany, NY 12210

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.

# 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