



Oregon Nurses Association (ONA)/Association of University Registered Nurses (AURN) at Oregon Health & Science University (OHSU)

# **NOMINATION FORM FOR ELECTION OR APPOINTMENT** Offices/Appointments/Activities with the ONA/AURN/Constituent Association

**All sections must be completed.**

**PRINTED NAME OF PERSON COMPLETING THIS FORM:** \_\_\_\_\_

Your **home** email address: \_\_\_\_\_

Signature \_\_\_\_\_ Date submitted: \_\_\_\_\_

**NAME OF THE PERSON YOU ARE NOMINATING:** \_\_\_\_\_  
*(The nominee must submit the below consent to run and serve form and Page 2 prior to election or appointment)*

Office/Position nominating for: \_\_\_\_\_

## **CONSENT TO RUN AND SERVE-TO BE COMPLETED BY NOMINEE**

If, nominated, I consent to run, and if elected, I consent to serve, for the following offices:

\_\_\_\_\_

\_\_\_\_\_

(List all that apply)

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Department \_\_\_\_\_ Home email \_\_\_\_\_ Cell phone \_\_\_\_\_

**Mail to:** ONA-Sarah/Liz  
Oregon Nurses Association  
18765 SW Boones Ferry Road Suite 200  
Tualatin, OR 97062-8487

**Fax to** 503-293-0013: Attn Sarah or Liz

*Please send Sarah Thompson ([thompson@oregonrn.org](mailto:thompson@oregonrn.org)) or Liz Morris ([morris@oregonrn.org](mailto:morris@oregonrn.org)) an email to confirming that you've submitted this form.*