

NOMINATION FORM FOR EXECUTIVE BOARD POSITION

TERM 2020-2022

I would like to nominate: (Plea	ase Print)			
Name				
Address				
City	State	Zip Code		
Telephone: Home	Business			
Fax	E-mail			
For the Office of: Please check President E Recording S Treasurer Auditor Board Mem	Vic Secretary	ce President presponding Secretary sistant Treasurer blic Relations Officer		
	E-mail			
F	OR COMMITTEE ON NOMINATION	N & ELECTION USE ONLY		
Date received	F	Photo		
Consent form	R	Remarks		
Nomination form complete	Nomination form complete Signature			



COMMITTEE ON NOMINATIONS AND ELECTION CONSENT TO SERVE & POSITION STATEMENT

I, <u>(Name)</u>			hereby give consent to have my name listed as a		
nominee for the office of (Position)	ominee for the office of (Position) Term 2020-2022. I have revi				
roles and responsibilities of the position I	have been nom	inated. If elected	, I promise to serve in the above capacity for the		
duration/tenure of the office, according to	the provisions of	of the bylaws of t	he Philippine Nurses Association of Southern		
California.					
Cignoture 9 Title		Dlagge print vo	ur nama aa yay profar ta haya it annaar		
Signature & Title		on the officia	ur name as you prefer to have it appear l I ballot.		
Current Work Position	_	Current Employ	yer		
Provide a brief position statement/goals for in this office (candidacy platform). Limit st	•	•	scribe what difference you will make if elected ditional sheets if necessary.		
			_		
FOR COMMITTEE ON NOMINATION & ELECTION USE ONLY					
Date received	Is it complete?	••YES	**NO		
If incomplete, nominee was notified by:	**Phone	••Writing	**In person		
Membership status: **Current		"Lifetime No.	of years as member		
Comments:					
CNE Name:	Signatu	ıre:			



CONFLICT OF INTEREST DISCLOSURE STATEMENT

of intere		hereby declare that I have read and understood the attach Policy and Procedure. At this time, I do not have any conflict of interest or ted in the PNASC Policy and Procedure. I will update this disclosure state flict arises.	potential conflict
	Date	Candidate's signature	
	owing as conflict of intere	attached PNASC standard and Rules of Conduct Policy and Procedure. I have st or potential conflicts of interest in accordance with the policy: (Use additional conflicts)	•
	Date	Candidate's signature	
		e to maintain confidentiality of sensitive information disclosed by the candidused for official review of candidate's eligibility for the office being sought.	
		Do not write on this box. (For Official Use Only)	
	On further review of the	contents of this disclosure, the applicant is deemed "Eligible to run for office "Ineligible to run for office	
	Date	Chairperson, NOMELEC	_

This form must be submitted with the original official Nomination Form



PHOTO RELEASE CONSENT

I authorize the PNASC NOMELEC to publish the attached photograph.

I further consent that the above can be used by the NOMELEC for:

- Publication
- As part of an exhibit
- As a part of a visual presentation

Furthermore, the photograph hereby submitted becomes a property of the PNASC and I will not in any way claim or demand for its return.

The term "photograph" as used in this agreement, shall mean motion picture or still photography in any format, as well as videotape, video disc and any other mechanical means of recording and reproducing images.

Signature:	Date:	_Date:	
Name: (Please print)			

Email photo 2x2 inches JPEG only to PNASCNOMELEC@gmail.com

This form must be submitted with the original completed PNASC Nomination Form