

Return signed Form 1 with Form 2 by [June 14, 2019](#)



CONSENT OF ONA MEMBER TO BE NOMINATED AND TO SERVE IF ELECTED

in any of the offices/positions indicated below

[No nominee shall be considered without having submitted this form]

Dear Member, your name is being submitted for consideration by the ONA Nominating Committee for the office or offices indicated below. The term of office is as listed and begins at the adjournment of the 2019 ONA House of Delegates. Please complete and sign this form to confirm your willingness to serve in the office(s) if nominated and elected. *[Note: No officer or director of the board shall serve concurrently as an officer or director of a board of another national association or body if such participation might result in a conflict of interest to ONA, or the individual, as determined by the Board. With the exception of delegate, members shall be eligible to serve in only one elective office in ONA at any one time.]*

 ONA Member/Nominee

 Street address

 City State Zip

Note:

- 1) Member - If you are self nominating, please ✓ the office(s) below for which you wish to be considered. If your district/unit is nominating you, please return this form to the district/ unit.
- 2) District/unit – please ✓ the office(s) below for which you wish to nominate this member.

 District/Structural Unit Representative Signature

CONSENT

“If elected, I agree to represent the interests of nurses throughout the State of Ohio and to work toward the purposes of ONA as stated in the Bylaws.”

- ___ President, 2 years
- ___ First Vice President, 2 years
- ___ Second Vice President, 2 years
- ___ Secretary, 2 years
- ___ Treasurer, 2 years
- ___ Board of Directors, 4 years
- ___ Board of Directors/New Nurse, 4 years

- ___ AFL-CIO Delegate, 2 years
- ___ Board of Directors & E&GW Commission, 4 yrs
- ___ Nominating Committee, 2 years
- ___ Local Unit Member, E&GW Commission, one for 4 years; one for 2 years
- ___ ANA Delegate for Membership Assembly, 2 years
- ___ AFT Delegate, 2 years

Membership in (District): _____

Membership Number: _____ Expiration Date: _____

Nominee Signature: _____ Date: _____

If you wish to provide letter(s) of endorsement, please attach to this form.

**Mail to: Ohio Nurses Association Nominating Committee, 3760 Ridge Mill Drive; Hilliard, Ohio 43026
 OR Email: sbennett@ohnurses.org**