



# ***United Nurses of Alberta***

## ***Local 196***

### **NOMINATION FOR PROVINCIAL ANNUAL GENERAL MEETING (AGM)**

**ROLE:** ☐ Provincial AGM Voting Delegate ☐ Provincial AGM Observer  
(select ONE)

Nominations are open to any member in good standing of UNA Local 196  
**Delegates must have their LOA approved prior to the election.**

#### **NOMINEE:**

_____	_____
Name	email
_____	_____
Address	Member #
If elected, I am willing to serve: _____	
Signature of Nominee	Date

#### **NOMINATIONS FROM 2 MEMBERS IN GOOD STANDING OF LOCAL 196:**

1. 

_____	_____
Name	email
_____	_____
Address	Member #
I nominate the above nominee: _____	
Signature of Nominator	Date
  
2. 

_____	_____
Name	email
_____	_____
Address	Member #
I nominate the above nominee: _____	
Signature of Nominator	Date