



CACCN

CACCN NATIONAL BOARD OF DIRECTORS NOMINATION FORM 2024-2026

Each Nominee and Nominator must be a registered nurse, possessing a valid registered nursing license who is no less than 18 years of age and who must meet the criteria for an active member of the Association. This form must be signed and included with the Online Application.

Nominator

CACCN Contact ID Number (if known): _____

Nominee: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

As an active/current member of the CACCN, I hereby **nominate** the following member as a nominee for the CACCN Board of Director Elections:

(Name of nominee)

Signature _____ Date: _____

CACCN will contact the nominator to confirm support for the nomination.

Nominee

CACCN Contact ID Number (if known): _____

Nominee: _____

Address: _____

City: _____ Prov: _____ PC: _____

Telephone: _____ Email: _____

I hereby acknowledge and give my consent to have my name stand for nomination for the CACCN Board of Director.

Signature _____ Date: _____

All nominations must be submitted via the online application process.

All nominations must be received by October 31, 2023 at 1700 hrs ET

Electronic Signatures Accepted

Signature must be a replica of the actual signatures