



ONA LOCAL 80
UNIT REPRESENTATIVES
Nomination Form

Please print all information except where signatures are required. Both the Nominators and the Candidate must both be entitled members of ONA.

I _____ and _____
(Print Name – Nominator 1) (Print Name – Nominator 2)

Nominate _____
(Print Name)

for Unit Rep on Unit _____

(Signature of Nominator 1)

(ONA I.D. Number)

(Signature of Nominator 2)

(ONA I.D. Number)

I _____
(Print Name)

accept the nomination.

(Signature of Candidate)

(ONA I.D. Number)

(Date)

It is expected that once a Nurse is Nominated and holds the position of ONA Unit Representative she/he will inform their Manager immediately as per your Collective Agreement.

Please return the Nomination Form to the CBS Bargaining Unit President at mercy1974@hotmail.com, no later than midnight October 3, 2023.