



Affiliate Nomination Election Form

Affiliate: SPNN Name of person completing form: _____
(Please Print)

Circle the Medical Center of person completing form:

Chula Vista **Coronado** **Grossmont** **Mary Birch** **Metro** **Mesa Vista** **Non-Hospital Services**



All SPNN members please fill in one (1) person per position you are nominating for the open offices below:

President (Two Year Term) _____
Name/Job Title/License

Treasurer (Two Year Term) _____
Name/Job Title/License



**The Medical Center Chairs and Co-Chairs must be nominated by members employed at the specific Medical Center. You may submit your name or another person's name. If you are submitting another name, please ensure they are aware of their nomination and are willing to commit to serving if elected.*



Refer to the cover letter for all open positions and terms for each specific Medical Center.

CHAIRPERSON: _____
(Name/Job Title/License)

CO-CHAIRPERSON: _____
(Name/Job Title/License)

RN ADVISORY COMMITTEE: _____
(Name/Job Title/License)

(Name/Job Title/License)

(Name/Job Title/License)

This form must be received via FAX no later than 5:00 PM, November 19, 2012.

FAX all nominations to the UNAC/UHCP Office at 909-599-8655.

Place to the Attention of the SPNN Nominations Chair, Shawn McCoy, RN

PLEASE RETAIN THE RECEIPT OF YOUR FAX TRANSMITTAL FOR VERIFICATION

Elections will be conducted by mail ballot after the close of nominations.

Signature

Date

Phone Number