



**THE PHILIPPINE NURSES ASSOCIATION OF NEW JERSEY, INC.
Nomination Form for an Elective Office**

I wish to nominate _____ for the following position:
(Please check one)

- President-Elect
- Vice President
- Treasurer
- Assistant Treasurer
- Secretary
- Assistant Secretary
- Public Relations Officer
- Board of Directors (6 vacant positions)

Name of Nominator _____
Address _____
Telephone Number (H) _____ (W) _____ (C) _____
Signature _____ Date _____

Consent To Serve

I, (Nominee) _____ accept the nomination for the office of _____. My signature attests my willingness to serve the Philippine Nurses Association of New Jersey, Inc. I pledge to fulfill the duties of this office as specified in the Bylaws, to the best of my abilities without mental reservations. I also understand that without this written consent, my nomination is considered null and void.

I also understand that I will make every effort to be present during the Annual Spring Convention during which the results of the election will be announced.

Signature: _____ Date _____