



**PHILIPPINE NURSES ASSOCIATION OF NEW JERSEY, INC.**  
**Nomination Form for an Elective Office 2022- 2024**

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

- President-Elect
- Regional Vice President- North
- Regional Vice President- Central
- Regional Vice President- South
- Treasurer
- Secretary
- Auditor
- Public Relations Officer
- Board of Directors (3 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 \_\_\_\_\_