

Member at Large Nominations Form

Personal Information

Please complete this form to the best of your ability. The information you provide will be shared with the SALPN members to help them in their voting decisions. The form must be returned to the SALPN office (Attn: Nominations) no later than March 15th, 2017 by 4:00pm.

Name: _____ License # _____

Zone: _____

Primary Place of Employment: _____

Address: _____

Postal Code: _____

Telephone: _____ Email: _____

Vision Statement

Your vision for the LPN profession, what you want to accomplish on Council or other things you want voters to know about why you want to be on the Council.

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Professional Biography

Your work history, place of employment, professional activities, committee activities, education and other things you want voters to know about you.

Personal Information

Voluntary/service activities, personal interests, hobbies and other things you want voters to know about you.

I, _____, declare my intention to run for Member at Large for Zone _____.
I further declare my primary place of employment is in Zone _____ and that I am a practicing LPN in good standing with the SALPN.

Signature of Applicant _____ Date _____

Signature of LPN Witness _____ Date _____

Completed forms can be mailed to the SALPN office at:

Saskatchewan Association of Licensed Practical Nurses ATTN: Nominations
700A – 4400 4th Ave, Regina, SK S4T H8
info@salpn.com
Fax • 306-347-7784