



First Nations Health Managers Association
Association des gestionnaires de santé des Premières Nations

**BOARD OF DIRECTORS
NOMINATION FORM**

We the undersigned, both members in good standing of the First Nations Health Managers Association, hereby nominate the following member to serve on the Board of Directors for our region.

NAME OF NOMINEE:

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NOMINATORS

1.

Name:	Signature:
Mailing Address:	

2.

Name:	Signature:
Mailing Address:	

NOMINEE CONSENT:

I have reviewed the duties and responsibilities of the position for which I have been nominated and understand that the position is for a three year term commencing November 6, 2018. I agree to stand for election, and if elected, I am prepared to devote the time and energy required of me to provide leadership and promote the best interests of the First Nations Health Managers Association.

SIGNATURE: _____ DATE: _____

This nomination form is to be received by FNHMA **no later than 5 PM EST on September 7, 2018**. Also to be submitted by that date:

1. Nominee background and platform statement (300 words maximum)
2. Photo of nominee

This information will be provided with the ballots in the case of an election. Please submit your package to the attention of the Executive Director at:

Marion Crowe, CFNHM, CAFM
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Akwesasne, ON K6H 5R7
Fax: 613-319-8092