

UPNAAI

University of the Philippines Nursing Alumni Association International Inc.

OFFICIAL NOMINATION FORM

Name of Nominee: _____

For the Position of: UPNAAI Board of Director _____

Current Job Title: _____

Degree/s: _____ Year graduated from UP degrees: _____

Preferred Phone Number: _____ Best time to contact: _____

Email Address: _____

Does he/she know about this nomination? Yes No

If yes, does he/she agree to be nominated? Yes No

Please give your reasons why you are or believe he/she is qualified for this position?

Your name: _____ Tel. No. _____

NOTE: Submit Nomination Form to upnaai.inc@aol.com no later than **April 6, 2019**.

NOMINATION ACCEPTANCE & CONSENT TO SERVE FORM

TO: The UPNAAI Nomination and Election Committee

I, _____, accept the nomination for the position of Board of Director for the fiscal years 2019-2021. If elected, I will perform the duties and responsibilities of said position as defined in the Constitution and By-Laws of the UPNAAI. I pledge my commitment of time, talent, and treasure in any undertakings, projects, events, and meetings the association will conduct.

Date Received _____
UPNAAI NEC Initials _____

Nominee is UPNAAI member since _____

Print Name

Signature

Date

Date Received _____
UPNAAI NEC Initials _____

Nominee is UPNAAI member since _____