

UPNAAI

University of the Philippines Nursing Alumni Association International Inc.

OFFICIAL NOMINATION FORM

Name of Nominee: _____

For the Position of: _____

Current Job Title: _____

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

Preferred Phone Number: _____ Best time to contact: _____

Email Address: _____

• Please give reasons why this individual is qualified for this position?

I have discussed this nomination with the above individual, and she has given consent.

• Nominator (You) name: _____ E-mail: _____

NOTE: Submit Nomination Form to gayabaquinperez@gmail.com no later than **April 27, 2023**.

NOMINATION ACCEPTANCE & CONSENT TO SERVE FORM

TO: The UPNAAI Nomination and Election Committee

I, _____, accept the nomination for the position of _____

for the fiscal years 2023-2025. 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.

Print Name

Signature

Date

Date Received _____ Nominee is UPNAAI member since _____

UPNAAI NEC Initials _____

Form revised 3/2023