STATEMENT OF CONSENT TO SERVE

This is to certify that I, , an active member of the Nova Scotia Branch of CSHP, hereby consent to allow my name to stand in nomination for election to the Executive Office of

 .

 (Name of position)

Signature:

 (Nominee)

Date:

This consent form must accompany the nomination form when it is submitted to the chairperson of the Nominating Committee.

Please return these two forms to the Chairperson of the Nominations Committee no later than

April 10th, 2015 via email or fax.

Pam McLean-Veysey, Chair, CSHP NS Branch Nominations Committee

pam.mclean-veysey@cdha.nshealth.ca

Fax 902-473-8612

**NOMINATION FOR ELECTION**

I wish to nominate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for election (name of nominee)

to the Executive Office of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of position)

Accompanying this nomination is the **STATEMENT OF CONSENT** signed by the person nominated.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nominated by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of active member)**

**Nominated by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature of active member)**

Please return these two forms to the Chairperson of the Nominations Committee no later than

April 10th, 2015 via email or fax.

Pam McLean-Veysey, Chair, CSHP NS Branch Nominations Committee

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