**2020 SNHON Board Member Nomination Form**

|  |  |
| --- | --- |
| Name: |  |
| Phone Number: |  |
| Address: |  |
| Email: |  |
| Credentials/Degrees: |  |
| How long have you been practicing? |  |
| Where do you work? |  |
| What is your job title? |  |
| How long have you been an ONS and SNHON member? | ONS Member ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Which Board position are you applying for? | ( ) Secretary ( ) Director-at-Large |
| Please tell us why you would like to serve on the SNHON board: |  |

I certify that the above information is accurate. I hereby commit my intention to serve should I be elected to the post for which I have indicated interest.

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