



SINGAPORE NURSES ASSOCIATION
新加坡护士协会

NOMINATION FORM FOR SNA BOARD OF DIRECTORS 2020 - 2023

Name of Candidate:		Recent Photo
Membership Status: Life / Full (circle) Year joined SNA:		
Current Place of Work :		
Position :	Office Hours / Shift	
Home Address :		S (.....)
Tel No.	Mobile No.....	Email.....
Brief CV: (e.g. professional education and employment history, significant contributions to nursing or community)		
What is your vision for SNA by 2023?		
<i>I hereby declare that the above information is true and I am free from any professional liability.</i>		
Signature		Date

Proposer		Membership Status: Life / Full
Signature		Date:
Seconder		Membership Status: Life / Full
Signature		Date:
<i>Please note :</i>		
9.2 of the Constitution states that the nominations shall be submitted to the Honorary Secretary at least 10 (ten) days before to the alternate annual general meeting.		

*Last revised on 3.3.2020