Name:

ORNGT Executive Position:

Phone (Home): (Cell):

E-mail address:

Place of Employment:

Position:

Please provide a brief description of your Perioperative Nursing Career:

What do you hope to achieve as an Executive Member?

I, accept this nomination. If elected, I will serve my two year commitment to the best of my ability. I currently hold an active member status.

Nominated By:

 Signature Print Name

Seconded By: Signature Print Name

NOTE: Nominator and Seconder must be a current ORNGT Member.

Please email the completed form to president@orngt.org and secretary@orngt.org