



Licensed Practical Nurses Association of British Columbia
LPNABC

Nomination forms

I, _____, being a member of the LPNABC do hereby

Nominate _____ for the position of

_____ in LPNABC.

Acceptance

I, _____, being a member of the LPNABC do hereby

Accept the nomination for the position of _____ for the

LPNABC. If elected, I will start my term as of the _____ day of _____, 20 __.

LPNABC Board Approved: _____