



Canadian Holistic Nurses Association  
www.chna.ca

## **NOMINATION FOR BOARD OF DIRECTORS POSITION**

Deadline for Submission: **APR 20, 2025**

The CHNA Call for Elections for **VICE-PRESIDENT, TREASURER** and **DIRECTORS**  
2025

If you are interested in nominating someone to the Canadian Holistic Nurses Association (CHNA) Board of Directors, please email the following completed form to the CHNA Nominations Committee Chair.

**Please ensure the candidate that you are nominating is agreeable to stand for nomination prior to submitting the nomination.**

***Nominations to the CHNA Board of Directors will be considered based on meeting the CHNA Bylaw requirements.***

### **The Canadian Holistic Nurses Association (CHNA) Bylaw Qualifications**

#### **Bylaws 5.04: Board Director Qualifications**

*'Each Director shall be an individual who is not less than eighteen (18) years of age. Each Director shall be a Member of the Corporation. No person who has been declared by a court in Canada or elsewhere to be incapable, who has the status of a bankrupt as defined in the Income Tax Act, shall be a Director.'*

#### **Bylaws 7.02b: Vice-President Qualifications**

*'The Vice-President, if one is to be appointed, shall be a Director. If the President is absent or is unable or refuses to act, the Vice-President, if any, shall, when present, preside at all meetings of the Board and of the Members.'*

#### **Bylaws 7.02d: Treasurer Qualifications**

*'The Treasurer shall be a Director and shall be responsible for the maintenance of proper accounting records in compliance with the Act as well as the deposit of money, the safekeeping of securities and the disbursement of funds of the Corporation; whenever required, the Treasurer shall render to the Board an account of all such person's transactions as Treasurer and of the financial position of the Corporation.'*

Please see the CHNA Bylaws for more information.

**Nomination for Board of Directors Position:**

( ) Vice-President ( ) Treasurer ( ) Director

**Term:** 2-years with the opportunity to run for an additional 2-years.

**Details of the Nominee:**

Name of Candidate: \_\_\_\_\_

Professional Designation: \_\_\_\_\_

Name of Company (if self-employed): \_\_\_\_\_

Nominees Address: \_\_\_\_\_

Nominees Email: \_\_\_\_\_

Nominees Telephone Number: \_\_\_\_\_

**Details of the Nominator:**

Name of Nominator: \_\_\_\_\_

Nominator Address: \_\_\_\_\_

Nominator Email: \_\_\_\_\_

Nominator Telephone Number: \_\_\_\_\_

Nominator, please describe how you believe that this candidate would strengthen the mission and vision of the CHNA:

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**Please return completed and signed forms by APR 24, 2025 to:**

**The CHNA Nominations Committee Chair: Amanda Dallow**

**Email: [amanda.dallow@gmail.com](mailto:amanda.dallow@gmail.com)**