



# Yukon Registered Nurses Association

## Honourary Membership Nomination Form

Honourary Membership is the highest honour which can be conferred on an individual by the Yukon Registered Nurses Association. This honour recognizes outstanding contribution to the advancement of the nursing profession at the territorial, national and/or international level.

Please fill out this form listing the candidate's contribution in the appropriate categories.

Name of Nominee: \_\_\_\_\_

Address of Nominee: \_\_\_\_\_

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

YRNA Member (Registration # \_\_\_\_\_) or  Member of another professional Nursing Association (Jurisdiction \_\_\_\_\_ Registration # \_\_\_\_\_)

Nominated by: \_\_\_\_\_ YRNA Membership # \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: (h) \_\_\_\_\_ (w) \_\_\_\_\_ e-mail: \_\_\_\_\_

**IDENTIFY HOW THE CANDIDATE HAS MET CRITERIA #1 PLUS ONE OR MORE OF THE OTHER CRITERIA.**

**1) Promoted a positive image of the profession of nursing:**

2) Actively contributed to the Yukon Registered Nurses Association:

3) Demonstrated ability to influence nursing practice by leading, supporting and mentoring nurses:

4) Shared their expertise with the nursing profession:

Additional comments:

**Five supporting signatures of YRNA members who verify that the nominee meets the criteria:**

Signature	Printed Name	Registration #	Date
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

Signature of Nominator: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Date Nomination Received: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Criteria Check: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ Eligible: \_\_\_\_\_ Ineligible: \_\_\_\_\_