



Withdrawal of Candidacy

Date:

To: Chair, Nominations and Elections Committee
c/o Office of General Counsel
American Nurses Association
8515 Georgia Avenue, Suite 400
Silver Spring, MD 20910-3492
nec@ana.org

From:

Re: Certification of Withdrawal of Candidacy

I certify that my signature below indicates my decision to withdraw my candidacy for the following reason(s):

Signature of Candidate

Date

Print Name