

TEXAS STATE ASSOCIATION of OCCUPATIONAL HEALTH NURSES

FORM B

Declination of Nomination for TSAOHN Position

Dear Election Advisor Chairperson,

I respectfully decline the nomination for _____

in the Texas State Association of Occupational Health Nurses upcoming election.

Please complete, sign, and return to the TSAOHN website, ATTN: Election Advisor
Chairperson.

Signature: _____

Address: _____

City State Zip

Revised Aug. 2018

Reviewed July, 2020