

Recommendation for AGNA Honorary Membership

Understanding that the decision to grant Honorary Membership rests with the AGNA Executive, we, the undersigned recommend that (nominee name): _____
be considered for Honorary membership in AGNA for the following contribution(s) to Gerontological Nursing: *(attach an additional page if required)*

AGNA Member since (year):

Nominators: (full name, signature, and contact information - phone or email)

1. _____
2. _____
3. _____

Date:

For Board Use: Approved: Y/N

Date:

Submit to any Provincial Executive Member or to president@agna.ca