



2021 Nomination Form for HSA President

We, the undersigned, being members in good standing in HSA, hereby nominate:

_____ *(print name)*

for the office of President:

- | | | | |
|----|--------------------------|-----------------------------|---------------------|
| 1. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |
| 2. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |
| 3. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |
| 4. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |
| 5. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |
| 6. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> | _____ <i>(date)</i> |

I, the undersigned, being a member in good standing in HSA and eligible to serve as President if elected, hereby:

- consent to stand for election for the office of President and comply with the obligations of office if elected;*
- agree to familiarize myself with the Union's requirements for campaigning as will be provided to me in the candidate's information package;*
- acknowledge that in accordance with HSA Policy FIN-32.00 (Allowable Spending for Candidates Running for Office of President), HSA will make a copy of my completed Statement of Campaign Expenses Form* available to any member who makes such a request to the staff support person for the Elections Committee; and*
- agree to comply with HSA policy FIN-32.00, including to use the prescribed Statement of Campaign Expenses Form throughout my campaign to record every expense at such time as it is incurred (or as practically as possible) and to ensure that all expenses are reported.*

**The Statement of Campaign Expenses Form requires the candidate to affix their name and signature. The form doesn't require any other personal information, e.g. phone number, email address, mailing address.*

_____ *(signature)*

_____ *(printed name)*

_____ *(date)*

Note: *Your candidacy is not considered official until your completed nomination form is signed and returned to the HSA office to the attention of Miriam Sobrino at info@hsabc.org.*