



Presidential Election 2023

Nomination Form

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> |
| 2. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> |
| 3. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> |
| 4. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> |
| 5. | _____ <i>(signature)</i> | _____ <i>(printed name)</i> |
| 6. | _____ <i>(signature)</i> | _____ <i>(printed name)</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. Further, I agree to familiarize myself with the Union's requirements for campaigning as will be provided to me in the candidate's information package, and to comply with the obligations of office if elected.

_____ *(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 the Communications Department at info@hsabc.org