HEALTH SCIENCES ASSOCIATION The union delivering modern health care



Presidential Election 2019

Nomination Form

	()	print name)		
	for the pos	ition of p	resident:	
1.				
	(signature)		(printed name)	
2.				
	(signature)		(printed name)	
3.	(signature)		(printed name)	
4.	(signature)		(printed name)	
5.	(signature)		(printed name)	
6.				
	(signature)		(printed name)	
pre		nsent to stan	standing in HSA and eligible to a d for election for the position of p lected.	
	(signa	ture)	(printed	n b

<u>Note</u>: Your candidacy is not considered official until your completed nomination form is signed and returned to the HSA office.