

NOMINATION FORM - ELECTION OF MPU BOARD OFFICERS 2019

WE, THE UNDER UNIT, DO HEREI		N GOOD STANDING OF THE	E MEDICAL PROFESSIONAL	
		FOR THE OFFICE OF:		
Candidate's Name (Please Print)		Plo	Please Print	
Candidate's Addre	ess, Cell Phone & Email	Address		
		nd standing of the unit. For <u>Distant</u> Successive the nominee are employ	trict Directors, the nominations yed.	
NAME (Ple	ase Print Clearly)	SIGNATURE	EMPLOYER	
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This form with the original signatures must be received at the ESC Local 20 office at 810 Clay Street, Oakland CA 94607, **by Friday, March 15, 2019.** Forms must be received by the due date via US mail or hand-delivered. Facsimiles or emails will not be accepted.