

## **NOMINATION FORM - ELECTION OF MPU BOARD OFFICERS 2020**

WE, THE UNDERSIGNED MEMBERS PROFESSIONAL UNIT, DO HEREBY N		RIC1 3 OF THE MEDICAL
Candidate's Name (Please Print)	FOR THE OFFICE OF: Di	strict Director 3
Candidate's Address, Cell Phone & Email	Address	
<b>NOMINATORS:</b> Ten signatures required by <i>members in go</i> must be <i>members in the District in which</i>	od standing of the unit. For <u>Distr</u>	
NAME (Please Print Clearly)	<b>SIGNATURE</b>	<b>EMPLOYER</b>
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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 Wednesday, February 19, 2020. Forms must be received by the due date via US mail or hand-delivered. Facsimiles or emails will not be accepted.